

# VOLUNTEER

If you love to serve the Lord,  
play games, and have fun,  
and age 12+ ... we want **YOU!**



**Christ Fellowship 2066 San Benito St 637-4350**  
**Monday, July 22<sup>nd</sup> thru Friday July 26<sup>th</sup>**  
**8:30 am - 12:00 noon for VBS week!**  
Volunteer staff must register before July 7<sup>th</sup>

Fill out the form below and turn it into the church office at 2066 San Benito Street, Hollister, 95023  
You can also register on CFH website or by scanning the code on the back.

[www.christfellowshiphollister.org](http://www.christfellowshiphollister.org)

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Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Will you be able to work the whole week? \_\_\_\_\_

First time volunteer? \_\_\_\_\_ I have volunteered before as a \_\_\_\_\_

**T-shirt size – circle one:**

Child Medium / Child Large or Adult Small / Adult Medium / Adult Large/ Other \_\_\_\_\_

I have read and understand the assumption of risk, release indemnity, consent and authorization for emergency medical treatment, and release for photography and use of likeness found on page two. If so, please sign here:

Parent /guardian signature \_\_\_\_\_ Date \_\_\_\_\_



**Assumption of Risk, Release and Indemnity:** In consideration for being allowed to participate in the activities set forth above, the parent(s) or legal guardian(s) (GUARDIAN) of the minor participant (MINOR) do hereby agree to release, indemnify and hold harmless Christ Fellowship Church, aka First Presbyterian Church, Hollister, (CHURCH) for and from any and all claims, suits, damages, or causes of action which arise out of said activities. By signing below, GUARDIAN also acknowledge in advance that MINOR'S participation in said activities involves certain inherent risks, including risk of injury, or even death, which risks GUARDIAN hereby assumes now on behalf of MINOR, in advance.

**Consent and Authorization for Emergency Medical Treatment:** By signing below, GUARDIAN represents that they have legal custody of MINOR and therefore grants temporary authorization and consent to CHURCH to administer general first aid treatment for any injuries experienced by MINOR. If the injury is life-threatening or in need of emergency treatment, GUARDIAN authorizes CHURCH to obtain all necessary emergency medical treatment to attend, transport and treat MINOR and to issue consent for any X-Ray, anesthetic, blood transfusions, medication or other medical treatment or care deemed advisable and to be provided by any licensed physician, surgeon, dentist, hospital or other medical professional duly licensed in California. GUARDIAN understand that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of CHURCH in exercise of their best judgment upon the advice of any such medical or emergency personnel. GUARDIAN further represents that they have disclosed any relevant medical ailments, allergies or conditions of MINOR to CHURCH.

**Release for Photography and Use of Likeness:** By signing below, GUARDIAN also provides CHURCH with permission and authority to use photographic images or videos of MINOR on the website, in print materials, social media or other materials owned by or connected directly with CHURCH, only.

If GUARDIAN declines to provide such consent or authorization, they shall so indicate by initialing here:\_\_\_\_\_