

Glenmary Group Volunteer Program Student Volunteer Publicity Form

Volunteer's Name _____ M ___ F ___ Volunteer Week _____
High School _____ Date of Birth _____
E-Mail Address _____
P.O. Box/Street Address _____ City _____ State _____ Zip _____
Phone Number _____ Email Address _____
Home Parish (name, city, state) _____
Diocese/ Diocesan Newspaper _____
Hometown/Comm. Newspaper _____

_____ I **do not** object to Glenmary using my name or image to publicize -electronically or in print-its volunteer programs. I understand that the picture taken of their group will be posted on the Glenmary Home Missioner's Web site (www.glenmary.org) and may be submitted to local newspapers.

_____ I do object to Glenmary using my name or image to publicize its volunteer programs. I will voluntarily remove myself from the group photo taken by Glenmary.

Volunteer Insurance Coverage

Explanation and Release Form

The Glenmary Home Missioners' accidental injury insurance coverage is called an excess plan of benefits. If your insurance carrier does not cover all the medical expenses incurred, you may then submit itemized bills for unpaid balances along with the corresponding explanation of benefits statement indicating payment or denial to Glenmary's carrier. Payment of all expenses not covered by your policy, including deductible and co-payment, will then be made.

Glenmary Home Missioners maintain a Volunteer Accident Insurance Policy as explained above. However, Glenmary assumes no responsibility for volunteers beyond what this accident policy provides. Therefore, parents of volunteers or volunteers, if of legal age, must sign the following release.

In consideration of the acceptance of (full name printed) _____ for the Group Volunteer Program provided by the Glenmary Home Missioners, I hereby release and discharge any and all claims and causes of action of any kind or nature whatsoever, whether known or unknown, and whether specifically mentioned or not, which may exist or might be claimed to exist at or prior to the date of this instrument and I specifically waive any claim or right to assert that any cause of action nor alleged cause of action or claim or demand has been, through oversight or error, or intentionally or unintentionally, omitted from this release. In the event I cannot be reached for an emergency, I hereby give permission to the physician selected by the program supervisor to hospitalize and/or select proper treatment, including, but not limited to, injection, anesthesia, or surgery for the applicant above named.

Signature or Parent/ Guardian

Date