



Loss Control & Prevention Adult Volunteer Waiver Form

Appendix F

Parish/School Information	
Location Name: St. Frances Cabrini Parish	Location #: 201
Location Address: 15333 Woodard Road San Jose Ca	Telephone: 408-377-6545 ext 3035
Volunteer Manager: Nikki Dickey	Email: ndickey@sfcpschool.org
<p style="font-size: small; text-align: center;">NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED BY THE LOCATIONS VOLUNTEER MANAGEMENT AND SIGNED BY THE VOLUNTEER FOR ALL ACTIVITIES SPONSORED BY THE DIOCESE OF SAN JOSE AND ITS SCHOOLS OR PARISHES. REFER ANY QUESTIONS TO THE LOSS CONTROL & PREVENTION TELEPHONE: 408.983.0237 / FAX: 408.983.0296 / LAVOUN@DSJ.ORG</p>	
Volunteer Personal Information	
Volunteer Name:	Telephone:
Home Address:	Email:
Volunteer Manager: see above	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Volunteer Activity Information	
Volunteer Date: Sept. 28-Oct. 7 2019	Volunteer Job:
Detailed Description of Volunteer Job Duties: Volunteer duties may include set up, tear down, Food or Game booth shift, food prep.	
Waiver Authorization	
FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.	
<p>I HOLD THE <u>PARISH/SCHOOL</u> AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE <u>PARISH/SCHOOL</u> OR DIOCESE OF SAN JOSE.</p> <p>I ATTEST THAT I AM IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>IN THE EVENT I BECOME ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</p> <p>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME TO PARTICIPATE IN ANY SUCH ACTIVITY.</p>	
Volunteer Signature:	Date Signed:
Loss Control & Prevention Use Only	
Received By:	Date Received:

Updated 4/2018

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