



Loss Control & Prevention

Child Volunteer Waiver Form

Appendix E

Parish/School Information	
Location Name: St. Frances Cabrini Church	Location #: 201
Location Address: 5333 Woodard Road, San Jose, CA 95124	Telephone: 408-878-1120
Volunteer Manager: Fr. Vincent Dang	Email: frvincent@sfcabrini.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>	
Child Volunteer Personal Information	
Child Volunteer Name:	Telephone:
Home Address:	Email:
Parent/Guardian Name:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Child Volunteer Information	
Volunteer Date: Saturday, Sunday from 8/01/22 to 7/31/2023	Volunteer Job: Altar Server
Detailed Description of Volunteer Job Duties:	
Waiver Authorization	
FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.	
<p style="font-size: x-small;">I HOLD THE <u>PARISH/SCHOOL</u> AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD 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 style="font-size: x-small;">I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p style="font-size: x-small;">IN THE EVENT MY CHILD BECOMES 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 SUPERVISORIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</p> <p style="font-size: x-small;">I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</p>	
Parent or Guardian Signature:	Date Signed:
Loss Control & Prevention Internal Use Only	
Received By:	Date Received:

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