



# St. Andrew the Apostle CYO

## Adult Volunteer Form 2025-2026



PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Adult volunteers will be added to the CYO GroupMe as well as a separate GroupMe for adult volunteers. This will be the quickest way to disperse information and contact as a group. More detailed information will be sent via email as needed.**

*All adult volunteers must complete Safe Environment Training required by the Archdiocese of New Orleans. Your training must be up-to-date in order to volunteer with St. Andrew's CYO. Overnight chaperones are also required to complete a background check. Adult volunteers must comply with the Code of Ethics of the Archdiocese of New Orleans, both in person and through online means of communication.*

I am interested in volunteering with the following: (check all that apply)

\_\_\_\_\_ CYO – 8<sup>th</sup> – 12<sup>th</sup> grades

\_\_\_\_\_ Jr. CYO – 6<sup>th</sup> and 7<sup>th</sup> grades

\_\_\_\_\_ Assisting at a meeting

\_\_\_\_\_ Speaking / leading prayer at a meeting

\_\_\_\_\_ Chaperoning events – on and off campus

\_\_\_\_\_ Planning events – social, spiritual, service, sports

\_\_\_\_\_ Coaching CYO athletics (volleyball- fall and spring/ cabbage ball-summer)

\_\_\_\_\_ Other gift/ talent to share \_\_\_\_\_

**\*To be kept on file at St. Andrew. Event specific forms may be required.\***



**ADULT MEDICAL INFORMATION CONSENT FORM & FIELD TRIP LIABILITY WAIVER**

Adult Participant Name: \_\_\_\_\_

Parish/School Participant is Attending With: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_

**SECTION I: MEDICAL MATTERS**

I hereby authorize the above-named parish/school, and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office or their assistants to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend from August 1, 2025 (***event start date***), through July 31, 2026 (***event end date***). I hereby warrant that, to the best of my knowledge, I am in good health, and I assume all responsibility for my health. I agree on behalf of myself, my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the Youth & Adult Ministry Office, the Parish, and/or the School, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents, and representatives from or in connection with any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained arising from negligence, fault, or strict liability related to facilitating or administering the medical treatment agreed to herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, and I am unable to consent at the time, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact:

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: LIABILITY RELEASE**

I, \_\_\_\_\_, agree on behalf of myself, my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the participating parish/school, the Archdiocese of New Orleans' Youth & Young Adult Ministry Office, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of myself or third parties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_