



## Christ the King Youth Ministry Volunteer Application

Thank you for your willingness to serve!  
Please contact the Youth Office with any questions.

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

Date of Birth: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Child(ren) & Ages: \_\_\_\_\_

Other ministries you're involved in: \_\_\_\_\_

\_\_\_\_\_

Other interests and skills: \_\_\_\_\_

\_\_\_\_\_

Are you a practicing Catholic, attend Mass weekly, support Church teachings? \_\_\_\_\_

Interested in serving with (circle all that apply): Refreshments Transportation

Prayer Team Speaker Core Team Special Events Music Team Other: \_\_\_\_\_

How often are you interested in serving? \_\_\_\_\_

Please list two non-family references:

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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



**Diocese of Saint Augustine**  
Catholic Center  
11625 Old St. Augustine Road  
Jacksonville, Florida 32258  
(904) 262-3200

***Adult Photography Release Form***

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of me. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Name (Printed): \_\_\_\_\_

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

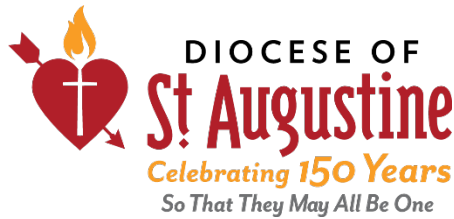
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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



## **Assumption of Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly through person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. [NAME OF PARISH] has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending programs offered by the parish and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at any parish sponsored programming (“claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless [NAME OF PARISH and the Diocese of St. Augustine, and all of their current, former, and future agents, representatives, religious and employees and related entities (collectively, “the Diocese”) of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Diocese, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any parish program.

---

*Signature of Parent/Guardian*

---

*Date*

---

*Print Name of Parent/Guardian*

---

*Name of Student*