

# Angels From the Heart Day --Volunteer Registration Form

Sacred Heart of Jesus Catholic Church

Name: \_\_\_\_\_  
Please Print

Phone (\_\_\_\_) \_\_\_\_\_

Circle one:  
Adult  
Student (13-18 yrs) Class of \_\_\_\_\_  
Child (\_\_\_\_ yrs)  
*Children must be accompanied by parent or an adult.*

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Church/Organization \_\_\_\_\_ Volunteer Coordinator \_\_\_\_\_

## "I want to be an *Angel* on Saturday, September 19, 2009." (Check One)

I plan to work: [  ] Half-day AM [  ] Half-day PM [  ] Full-day [  ] I will pray for Angels From the Heart Day

I plan to be there for: [  ] Breakfast [  ] Lunch [  ] Both

Circle, #1 if highly skilled and can oversee a crew, #2 if some what skilled, #3 if willing to learn

1 2 3 general painting

1 2 3 general carpentry

Check, where applicable

\_\_\_\_\_ I will do whatever is needed

\_\_\_\_\_ I will do gutter cleaning

\_\_\_\_\_ I will do street and yard cleaning

\_\_\_\_\_ I will do church and parish cleaning

\_\_\_\_\_ I can lead a small group in above tasks

\_\_\_\_\_ I am a nurse and will provide first aid

\_\_\_\_\_ I can bring a pickup truck and assist trash pickup

\_\_\_\_\_ I have a special skill that might help (list here) \_\_\_\_\_

## SACRED HEART CHURCH / ARCHDIOCESE OF INDIANAPOLIS CONSENT AND LIABILITY FORM (one per person)

TO BE READ AND SIGNED BY EACH PERSON BEFORE COMMENCING ANY WORK OR ACTIVITIES ASSOCIATED WITH:

Angels From the Heart Day "The Project" - September 19, 2009

--READ! YOUR LEGAL RIGHTS ARE AFFECTED--

I understand that my participation in the Project can expose me to dangers both from known risks and unanticipated risks. Acknowledging that such risks can exist, I hereby release and discharge **Sacred Heart, Archbishop and Archdiocese of Indianapolis** and its officers, directors, agents and employees from any and all claims and/or liability for personal injury or property damage I suffer while participating in the Project, including, but not limited to, any claim arising out of any condition of the premises that I may be working or be involved with or the conduct of any person in connection with the preparation for, supervision of, or conduct of any of the work or activities associated with the Project. I specifically agree to release, and do hereby release, **Sacred Heart, Archbishop and Archdiocese of Indianapolis**, and its officers, agents, directors, and employees for any negligence of **Sacred Heart, Archbishop and Archdiocese of Indianapolis** and its officers, directors, agents, or employees. In signing this Release, I fully recognize that if I am hurt or my property damaged while participating in the Project, I will have no right to make a claim or file a lawsuit against **Sacred Heart, Archbishop and Archdiocese of Indianapolis**, its officers, directors, agents, or employees, even if they or any of them caused my injury or damage.

I also agree that my name or picture may be used in promotional material on this project or future project.

**SIGNATURE** (Sign full name) \_\_\_\_\_

**Parental Consent:** My child has my permission to participate in Angels From the Heart Day

\_\_\_\_\_  
Parent / Legal Guardian Signature

Please return this completed form **by September 5, 2009** to:

Angels From the Heart

1530 Union Street, Indianapolis, IN 46225

Or fax the form to 317-637-9741, If you have any questions, please call: Roberta Cross 317-638-5551