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Community	Simplicity		Praver		Service	
Blood Type:						
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Please list and explain			v restrictions	s, or current medicatio	ons:	
Day Phone:	Се	Cell Phone:				
Name:			Relationship:			
<b>Emergency Contact I</b>	nformation					
Have you been to Naz	areth Farm before?:	YES	NO	When?:		
Would you like to rece	ive Nazareth Farm ne	wsletters?:	YES	NO		
Date of Birth:						
Email Address:						
Home Phone:		Cel	l Phone:			
City:		Sta	te:	Zip:		
Address:			dress 2:			
A 11		A 1	1 0			
I am: MALE	FEMALE					
Date of your trip to Na	zareth Farm:					
Name of Parish or Sch	ool:					
Nickname (optional):						
-						
First Name:		Las	st Name:			

Service



## Volunteer Contract:

Community

Completion of this contract is required to serve at Nazareth Farm, please read the following information carefully and sign below.

- **1.** I am fully aware that the volunteer experience at Nazareth Farm will require me to make personal sacrifices of which I may not be accustomed. I agree to live this week in simplicity, doing without some of the conveniences to which I am accustomed. I will work and complete tasks to the best of my ability.
- **2.** I realize that living and working together in community will require me to display patience and respect toward all members of the group. I realize the importance of following a schedule and the guidance and instruction of the leaders. I am willing to comply with the requests of the leadership and be flexible with what is asked of me.
- **3.** I am aware that the week will involve a focus on prayer based on the Catholic tradition. I am open to this experience and will actively participate to the degree which I am able.
- **4.** I further realize that I will be visiting an area where the culture and the customs may differ from my own. I will treat all people at the Farm and in the surrounding community with respect.
- **5.** I agree not to involve myself in drugs, alcohol, or sex while at Nazareth Farm.

Simplicity

- **6.** I give consent for Nazareth Farm to videotape and photograph me during my volunteer week. I understand these photographs and videotapes may be used for advertising and/or orientation materials for Nazareth Farm including the NF website. I give my permission for possible participation in videotaping and/or still photographs.
- 7. During my group week, I give consent for Nazareth Farm to post my address, in order to confirm and/or correct my mailing address and email contact information.
- **8.** I dedicate myself to be an active participant in this week of service, prayer, simplicity, and community as an experience of Christian living.

Sign	nature	Date
Health Insurance/Medical Re Name of Participant:		
Complete Name of Insurance	Co.:	
Policy / Group Number:		
Name on Insurance Card:		
Cardholder's DOB:	Cardholder's SS	N:
Employer's Name:		
If an accident occurs, mail the	claim to:	
*	such as: Limitations to physical labor, emot ired to perform any task you are unable to d	1 ,

Prayer



## RELEASE AND WAIVER OF LIABILITY

Important: Each volunteer must sign the "Release and Waiver Liability" before working with Nazareth Farm. Pleas
read this wavier carefully before you sign.
This Release and Waiver of Liability (the "Release") executed on this day of, 20, by
in favor of NAZARETH FARM, INC., a non-profit corporation organized and
existing under the laws of the State of West Virginia, USA, its directors, officers, employees, agents, successors and

existing under the laws of the State of West Virginia, USA, its directors, officers, employees, agents, successors and assigns ("Nazareth Farm" herein). The individual desires to volunteer for Nazareth Farm and engage in the activities related to being a volunteer (the "Activities"). I, the volunteer hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release. I, the volunteer release, forever discharge, indemnify and hold harmless Nazareth Farm from any and all liability, claims, and demands of whatever kind or nature, either in law of in equity, which arise or may hereafter arise from the Activities at Nazareth Farm. I, the volunteer understand and acknowledge that this Release discharges Nazareth Farm from any liability or claim that I, or my guardians or successors may have against Nazareth Farm with respect to bodily injury, personal injury, illness, death, and/or property damage that may result from my Activities with Nazareth Farm, whether caused by the negligence of Nazareth Farm or otherwise. It is also understood that Nazareth Farm does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death, or property damage.
- 2. **Insurance**. I, the volunteer understand that Nazareth Farm does not carry or maintain health, medical, or disability insurance coverage for any volunteer. I expressly waive any such claim for compensation or liability on the part of Nazareth Farm in the event of such injury or medical expense. I understand that Nazareth Farm requires me to carry medical insurance in order to participate in any volunteer activities at Nazareth Farm.
- 3. **Medical Treatment**. I, the volunteer hereby release and forever discharge Nazareth Farm from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with my Activities with Nazareth Farm.
- 4. **Assumption of Risk**. I, the volunteer understand that the time with Nazareth Farm may include activities which may be hazardous to me including, but not limited to, construction activities, use of power tools, use of cutting tools, loading and unloading of heavy equipment and materials, climbing ladders and transportation to and from work sites. Also I, the volunteer recognize and understand that the time with Nazareth Farm may, in some situations, involve inherently dangerous activities. These potential dangers are part of and inherent to the activity I am going to engage in and in some instances the activities cannot be made safer. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release Nazareth Farm from all liability for injury, illness, death, or property damage resulting from these activities. I further assert and agree that I will adhere to all instructions given to me by Nazareth Farm.
- 5. **Photographic and Statement Release**. As the volunteer, I grant and convey unto Nazareth Farms all right, title, and interest in any and all photographic images, video or audio recordings, and statements or writing made by or to Nazareth Farm during my Activities with Nazareth Farm (the "Materials"), including, but not limited to, any royalties, proceeds, or other benefits derived from such materials. I grant Nazareth Farm the unrestricted right and permission to use the Materials for any lawful purpose whatsoever. I waive any right of publicity or privacy I might have with respect to such Materials.
- 6. Other. As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia in the USA, and that this Release shall be governed by and interpreted in accordance with the laws of the State of West Virginia. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

To express my understanding of this Release, I sign here.



## **Adult Volunteer Background Form**

There is a growing public awareness that many minors have been the victims of physical and sexual abuse from within the family structure, and also from the public at large, including those who care for them, in relation to the parishes, schools, and related activities. The information requested herein is to be furnished by all adult volunteers who are involved with minors at Nazareth Farm. Please provide us with the following information:

Community	Simplicity	Prayer	Service	
Phone # of Superviso	r:			
To the	best of my knowledge the in	iformation provided is correct and co	omplete.	
Signature/Title of Su	pervisor:	Date:		
The following is		or, Director of Youth Ministry, or t by the chaperone)	School Principal:	
To the	best of my knowledge the ir	iformation provided is correct and co	omplete.	
Signature of Chapero	ne:	Date:		
Diocese:		Date of Training:		
		in my home diocese (ie. I have coining, and I have read the dioces		
United States which is more of the foregoing	f committed or attempted g enumerated offenses. I h	offense in any other state or agair I in the state would have been pu hereby authorize investigation of rmation included herein is compl	nishable as one or all statements	
commit crimes in the	areas of juvenile prostitu	victed of a crime, for committing ting or pimping, obscenity, child or controlled substances act.	1 0	
Statement of Certifica	ation and Authorization			
All adult chape	erones <b>must</b> be Safe Environ	iment Compliant <b>prior</b> to coming to	Nazareth Farm.	
First Name:		Last Name:		
Please provide us wit	in the following informati	ion:		