

# Nazareth Farm 2011

Nazareth Farm is an association of the Roman Catholic Church located in Doddridge County, West Virginia. It was formed in response to and rooted in the Gospel and the social teachings of the Church. Volunteers at the Farm can expect to live a week of simplicity, free from the distractions of television, radios, or unnecessary luxuries. During this week, they will also have the opportunity to learn new skills, meet new people, and grow in faith through prayer and reflection of their experiences. We hope participants will leave Nazareth Farm with a greater understanding of the people of Appalachia, a foundation of faith, and a desire to continue serving others within their home communities.

When:

June 19—25

Who:

Teenagers currently enrolled in high school, grades sophomore through graduate.

Cost:

\$300 due no later than March 20, 2011.

Please return completed registration materials along with payment.

Cost includes registration and gas, but participants will want to bring extra money for meals bought on the road and for Farm merchandise. If you feel called to make this trip but cannot afford the fees, please talk to us about possible scholarship.

ST MICHAEL YOUTH UNITED

317 W. Willow Avenue  
Wheaton, IL 60187

**Leslie Stopka**

Phone: 630-462-5047

Fax: 630-690-3324

E-mail: stmccyu@yahoo.com

To learn more about Nazareth Farm, visit their website at  
[www.nazarethfarm.org](http://www.nazarethfarm.org)





Route 2 Box 194-3  
Salem, WV 26426  
Phone: 304-782-2742  
Fax: 304-782-4358  
e-mail: [nazarethfarm@gmail.com](mailto:nazarethfarm@gmail.com)

(Completion of the Volunteer Contract from all participants is required for the Nazareth Farm Trip)

## VOLUNTEER CONTRACT

Participant Name (print) \_\_\_\_\_

Address (permanent) \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Current School or Work \_\_\_\_\_

Class: **High School:** JR SR **College:** FR SO JR SR Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address: \_\_\_\_\_ Send me a newsletter Yes No

Home Parish \_\_\_\_\_ Home Diocese \_\_\_\_\_

Volunteer week: \_\_\_\_\_

Have you ever been to Nazareth Farm before? Yes No If so, When?

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.

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.

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.

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.

I agree not to involve myself in drugs, alcohol, or sex while at Nazareth Farm.

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.

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.

I dedicate myself to be an active participant in this week of service, prayer, simplicity, and community as an experience of Christian living.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature if under 18 \_\_\_\_\_



**HEALTH INSURANCE / MEDICAL RELEASE FORM  
VOLUNTEERS UNDER AGE 18**

**PLEASE PRINT**

Name of volunteer participant: \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  
Preferred Name: \_\_\_\_\_

Circle one: Male / Female                      Name of parish or school: \_\_\_\_\_

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

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of this trip to Nazareth Farm: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Dietary Restrictions (vegetarian, food allergies, etc.): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Will you need assistance with your medication(s)? Please specify.

Blood Type (if known): \_\_\_\_\_ Date of most recent TETANUS BOOSTER: \_\_\_/\_\_\_/\_\_\_

Date of most recent physical exam: \_\_\_/\_\_\_/\_\_\_ ( must be within the last 12 months)

Limitations to physical labor: \_\_\_\_\_

(You will **NOT** be made to perform any task you are unable to do for whatever reason.)

Emotional/Psychological condition(s) and/or concerns: \_\_\_\_\_

Complete name of Insurance Company: \_\_\_\_\_

Policy Number/Group Number: \_\_\_\_\_

Name on insurance card: \_\_\_\_\_ Cardholder's date of birth \_\_\_\_\_

Cardholder's social security number: \_\_\_\_\_ Employer's name \_\_\_\_\_

If an accident occurs mail the claim to: \_\_\_\_\_

(If you do NOT have health insurance, please contact us at the above number).

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**FOR PARENT OR GUARDIAN:**

During the volunteer's week here at Nazareth Farm, she or he will ride in vans to and from worksites. Because parish/school groups are broken up into work groups, it is very likely that your child will ride in a van driven by an adult chaperone other than your child's group leader. All vans will only be driven by adult chaperones during the week.

I, the undersigned parent or guardian of \_\_\_\_\_ (participant's name) a minor, do hereby authorize the adult staff members of Nazareth Farm as my agents, to consent to any examinations, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. Nazareth Farm agrees to contact the undersigned as soon as possible if an emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician.

Signature of Parent or Guardian: \_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

***Important: Each volunteer must sign the “Release and Waiver Liability” before working with Nazareth Farm. Please read this wavier carefully before you sign.***

**RELEASE AND WAIVER OF LIABILITY**

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 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:

- 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 or 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.
- 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.
- 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.
- 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.
- 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.
- 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.*

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Signature Leader/Chaperone \_\_\_\_\_

School/Church Organization \_\_\_\_\_

*If volunteer under 18 years of age (minor), this Release and Waiver of Liability must also be signed by a parent or guardian.*

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_