



Loss Control & Prevention

Adult Volunteer Waiver Form

Appendix F

Parish/School Information	
Location Name: St. John Vianney Catholic School	Location #: 323
Location Address: 4601 Hyland Ave., San Jose, CA 95127	Telephone: (408) 258-7677
Volunteer Manager: Kelly Johnson	Email: kjohnson@sjvsj.org
<p><i>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED BY THE LOCATIONS VOLUNTEER MANAGEMENT AND SIGNED BY THE VOLUNTEER FOR ALL ACTIVITIES SPONSORED BY THE DIOCESE OF SAN JOSE AND ITS SCHOOLS OR PARISHES.</i></p> <p><i>REFER ANY QUESTIONS TO THE LOSS CONTROL & PREVENTION TELEPHONE: 408.983.0237 / FAX: 408.983.0296 / LAVOLUN@DSJ.ORG</i></p>	
Volunteer Personal Information	
Volunteer Name:	Telephone:
Home Address:	Email:
Volunteer Manager:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Volunteer Activity Information	
Volunteer Date:	Volunteer Job:
Detailed Description of Volunteer Job DutiesAd:	
Waiver Authorization	
<p><i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i></p> <p><i>I HOLD THE PARISH/SCHOOL AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.</i></p> <p><i>I ATTEST THAT I AM IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</i></p> <p><i>IN THE EVENT I BECOME ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICAIN AND PERFORMED BY OR UNDER THE SUPERVISIOIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</i></p> <p><i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME TO PARTICIPATE IN ANY SUCH ACTIVITY.</i></p>	
Volunteer Signature:	Date Signed:
Loss Control & Prevention Use Only	
Received By:	Date Received:

Updated 4/2018

