

# Retreat Volunteer Agreement

Jesus rose from supper and took off his outer garments. He took a towel and tied it around his waist. Then he poured water into a basin and began to wash the disciples' feet and dry them, ...when he had finished he said to them, "Do you realize what I have done for you? You call me 'teacher' and 'master,' and rightly so, for indeed I am. If I, therefore, the master and teacher, have washed your feet, you ought to wash one another's feet. I have given you a model to follow, so that as I have done for you, you should also do.

In volunteering to assist at a ministry with Persons with Disabilities weekend retreat, you follow the example of Jesus. You will become a servant of the small Christian Community that will form during the weekend. The needs and wishes of the retreatants are as much as possible our first priority.

Please note the following.

1. No one will make fun of the retreatants or mock them in any way
2. No alcohol or illegal drugs are permitted.
3. Any prescription drugs must be turned over the retreat director.
4. You will be sleeping with the retreat participants and may be asked to help with dressing and grooming. (usually shoe tying, hair brushing etc) You will be asked to assist, in pairs, with safety in the shower rooms.
5. You will be "on call" 24 hours a day. Although you will have limited time for yourself, your first responsibility is to the retreatants.
6. You are expected to be present the entire weekend.
7. The retreat schedule including wake up and lightsout/quiet time applies to helpers as well as retreatants.
8. Any volunteer unable to follow these rules will be sent home. Their parents or guardians will be notified of their departure time.
9. Volunteers who are sent home early forfeit all service hours. Note that the early dismissal of a volunteer may interfere with car pool plans. Any volunteer who leaves early for what ever reason will forfeit all service hours unless prior permission of the retreat director is obtained.

Due to an increasing number of volunteers who agree to help and do not come to the retreat a \$25.00 deposit is required with the registration materials. This fee will be refunded when the volunteer has completed the weekend of service. The Diocese of Kalamazoo must pay the retreat center for all persons on the final count. \$30.00 is a fraction of the financial liability caused by volunteers who do not attend as agreed.

I understand and agree to abide by the above rules. I also agree to follow the directions of the retreat staff.

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Volunteer Signature      date

I have read and understand the above rules. I understand that violation of those rules will result in my child/ward being sent home. I also understand that this may mean traveling to the retreat site to pick up my child/ward.

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Parent or Guardian signature      date

## Retreat Volunteer Recommendation

In your opinion does this volunteer candidate possess the maturity, sense of humor, initiative and willingness to lay aside their wishes and needs to the needs of the group?

Name of Candidate

Comments

Signature and position of reference

Date

# Retreat Volunteer Registration Form

Date of Retreat \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of an emergency, who should be contacted if parent or guardian is unreachable?

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

I hereby consent to the participation by (name) \_\_\_\_\_ on the Retreat, sponsored by the Diocese of Kalamazoo. I understand that the Retreat will take place at \_\_\_\_\_ and that my son/daughter/ward will be under the supervision of program staff during this event. I also give my permission for a qualified person to give medical attention to the above named person in the event of an emergency.

Special conditions

Medication (Please give name of medication, dose, when taken and for what purpose taken):

Allergies?:

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Number or Group Number \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Date \_\_\_\_\_

Return to  
Ministry with Persons with Disabilities  
Diocese of Kalamazoo  
215 North Westnedge Avenue  
Kalamazoo, MI 49007 (616) 349-7276