



**KEEP THIS FORM FOR INFO**

**"We are not  
the sum of our  
weaknesses and failures,  
we are the sum  
of the Father's love for us  
and our real capacity  
to become the image of  
His Son Jesus."**

**-St. John Paul II**

**April 2025**

**Thank you for your interest in our 2025 Infinite Dignity Work Camp, which will be June 15-18th.**

**We ask that as you consider Work Camp, that you are able to commit to the entire Camp and all the activities associated with our program. Participants numbers will be limited. Those being able to commit to the camp fulltime will be given priority over anyone only able to volunteer part-time. If something comes up and you need to cancel, we need to know ASAP in order to make room for someone on the waiting list. **SPOTS WILL BE FILLED BY TEENS WHO COMMIT TO ALL 3 FULL DAYS FIRST.** Sign up only if you can commit to full days of service.**

**This year's events will begin with Orientation at Holy Spirit Church in Huntsville, June 15th at 7:00pm. Mornings begin at 7:30 am. Monday pick up is 5:30 pm. On Tuesday evening, we will go to Vision Camp for an evening cookout and swimming. (remember to bring an appropriate bathing suit and towel.) Pick up on Tuesday is at Vision Camp, 187 Oscar Webster Road SE, Huntsville, AL 35803, at 7:30pm. Wednesday, we will have Mass at 12:30pm and end with an ice cream party after our final afternoon session. Pick up will be at 6:00pm.**

**Please bring the following when you arrive for work camp Sunday night:**

**Girls: Sweet or Salty snack to share with 10-12.**

**Boys: A Case of WATER 24+**

**You will receive your Work Camp T-shirt on Sunday; please plan on wearing it every day. A second shirt can be purchased for \$15.00 for the week, but must be ordered when registering for work camp.**

**All forms are due, Friday, May 23rd, but space will fill up before that date!**

**25 Service Hours will be awarded for FULL Participation, otherwise teens will receive 3 service hours per session in attendance.**

**Be Prepared:**

**Water bottles each day, sun screen, bug repellent spray**

**Hat/visor/sun glasses**

**WORK clothes and closed-toe shoes— NO FLIP FLOPS or bathing suits on sites**

**You will get dirty, wet, painted on, and stained!**

**Make sure your name is on EVERYTHING you bring with you each day!**

**I am so excited about working with you during this project! Can't wait to see what God has in store for us!**

**Peace and All Good! Mrs. Lai**

**Questions? 256-642-9508**





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## **ADULT VOLUNTEER FORM**

**JUNE 15th-18th, 2025**

Your assistance with Work Camp is greatly appreciated. We know that schedules, siblings, and work commitments may not allow you to commit to each work day, but please sign up to help with at least one day of work camp. It is a very rewarding experience and we CANNOT do it without your help! A FULL day commitment will allow us to place you with a group of kids that you will get to know and come to love by the end of the day.

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parents: Please sign up for as many as you can. We need as much help as possible!

I can commit to helping with Work Camp on the following dates: (circle all that apply)

GROUP LEAD/CARPOOL:    MONDAY                      TUESDAY                      WEDNESDAY

CARPOOL Driver To Vision Camp 5:15 departure from Holy Spirit

MY CAR CAN TRANSPORT \_\_\_\_\_ STUDENTS IN SEATBELTS

T-Shirt Size (Adult):    S    M    L    XL    XXL (Please Circle One)

ALL VOLUNTEERS MUST HAVE TAKEN DIOCESAN YOUTH PROTECTION I  
IN THE PAST 3 YEARS. THIS CAN BE COMPLETED ONLINE WITH A BACK-  
GROUND CHECK AT: <https://www.virtusonline.org/virtus/>

Driver Information Form \_\_\_\_\_ Completed and Attached.

Parent's Signature: \_\_\_\_\_ (Please fill out a separate form for each parent.)

## Diocese of Birmingham in Alabama – Form DI-2

### Driver Information

The purpose of this form is to give parish decision makers knowledge of who is driving children on church activities. A “motor vehicle report” may or may not be ordered.

### Print Clearly

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I understand and agree to the following rules concerning the transport of minors:**

#### All drivers must:

- Be at least 25 years old
- Have a current and valid driver license (issued within the United States)
- Have passed a current diocesan background check
- Obey all applicable traffic laws
- Enforce a “non-smoking” policy inside the vehicle while transporting minors
- Abstain from the use of a cell phone or other communication device while operating the vehicle
- Abstain from alcohol or other substances which may impair judgment or the ability to safely operate the vehicle. Period of abstinence must include at least six hours before driving through time of arrival at final destination

#### All vehicles must:

- Be currently registered with a state
- Have an appropriate seat and seatbelt for each passenger
- Be in good operating condition with all safety equipment functioning properly
- Have current vehicle liability insurance

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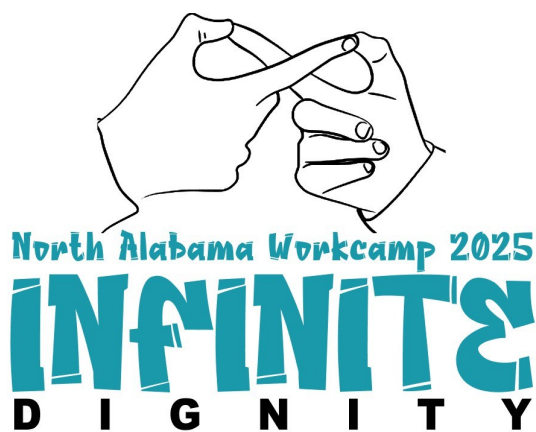
I have not been convicted of driving under the influence or reckless driving during the past five years.

I give permission to the Diocese of Birmingham to secure a report on my past driving record. I understand that my personal information may be transmitted to an outside company or agency to get the report.

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

Driver License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

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



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Sunday, June 15th through Wednesday, June 18th, 2025

**Cost: \$60.00 Upcoming 9th-Graduating 12th Graders Due Date: May 23, 2025, but space will fill up before that date!**

### **Holy Spirit Parish**

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Home Parish: \_\_\_\_\_ School: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

T-Shirt Size (Adult): S M L XL XXL (Please Circle One)

\_\_\_\_\_ I am including \$15.00 (total \$75) for an extra work camp shirt.

**Please Note: Teens may not drive to work sites.**

Teens will be grouped with teens from other area parishes and will serve our community in a variety of ways.

Teens should **BE PREPARED FOR THE HEAT.** Everyone on a work site must wear closed-toed shoes for all activities.

I understand that adult support is necessary to make work camp possible, and will try to help in some way. Please complete the adult volunteer form attached.

Parent's Signature: \_\_\_\_\_

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**Media Release and Authorization (Form PR-1)**

I understand that by signing this Media Release and Authorization I hereby grant authority to Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers for the use of any videos, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service or promotional announcements.

I also hereby release Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers from any claims that may be made by me based upon use of this material.

This Release and Authorization form is for media interviews, video recording, and photography, web-posting or similar items used publicly (including parish or school bulletin boards, mailings, web-pages and other publications)

\_\_\_\_\_ Participating Teen Name (Print)

\_\_\_\_\_ Parent / Guardian Name (Print)

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

\_\_\_\_\_ Date

**Diocese of Birmingham in Alabama – Form CH-2  
Parental/Guardian Consent Form and Liability Waiver**

**RETURN THIS SHEET**

Type or Print Clearly All Information

Child \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Other Phone (    ) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, request that my child (name of child)

\_\_\_\_\_ participate in this parish youth event. This activity will take place under the guidance and direction of personnel from \_\_\_\_\_ Holy Spirit Catholic Church .

A brief description of the activity follows:

Date of event/activity: **Sunday June 15, 2025, through Wednesday June 18, 2025—Work Camp 2024**

Type of event/activity: **Orientation Sunday, June 15th and Community Service daily June 16, 17, and June 18.**

Destination of event/activity: **Various work sites throughout Madison County**

Name and Location of overnight lodging (if applicable): **Youth Room, Holy Spirit Church**

Individual in charge of and responsible: **Lori Lai, (HS)**

Estimated time of departure and return: **Varies: 7:30am-9:00pm... times subject to change**

Mode of Transportation: **Parent/Adult Vehicles** Cost: **\$60.00**

Additional Information: **See Attached list of items children should bring.**

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all school personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here \_\_\_\_\_

This indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) of Alternate \_\_\_\_\_

Signature(s) of Parent/Guardian: \_\_\_\_\_

**RETURN THIS SHEET**

**Name:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergic Reactions: (medications, foods, plants, insects, etc.) \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Special Dietary Considerations: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Please list any special medical or psychological conditions regarding participant:

**Optional:**

**My child is taking medication at present.** My child will bring all such medications necessary, and said medications will be well, and carefully labeled with dosage and other pertinent information.

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

**Optional Instructions:**

**Do not give non-prescription medication of any kind to my child without my express permission.**

**Exceptions:** \_\_\_\_\_

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

I hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by a licensed physician and diocesan or parish representative) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

To be signed by custodial parent