

Live Like Rodney...

KEEP THIS FORM FOR INFO

While he was still a long way off, his father caught sight of him, and was filled with compassion. He ran to his son, embraced him and kissed him.



North Alabama Catholic Work Camp 2026

April 2026

Thank you for your interest in our 2026 Make It Count Work Camp, which will be June 21-24th.

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 21st at 7:00pm. Mornings begin at 7:30 am. Monday pick up is 5:30 pm. On Tuesday evening, we will have an evening cookout and games. Pick up on Tuesday is 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 22nd, 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

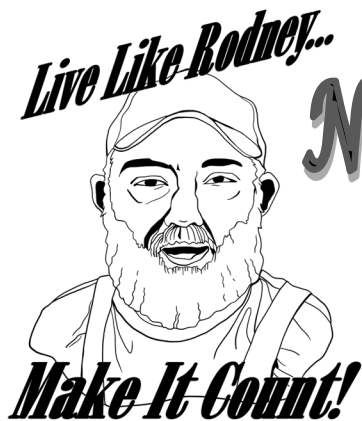
Hat/visor/sun glasses

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 21st-24th, 2026

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: _____

Parent Cell Phone: _____

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

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 BACKGROUND 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 who is volunteering.)

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

=====

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 21st through Wednesday, June 24th, 2026

Cost: \$60.00 Upcoming 9th-Graduating 12th Graders Due Date: May 22, 2026, 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 21, 2026, through Wednesday June 24, 2026—Work Camp 2026**

Type of event/activity: **Orientation Sunday, June 21st and Community Service daily June 22, 23, and June 24.**

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-7:30pm... 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



Habitat for Humanity of Madison County

Release and Waiver of Liability

This is a legal document that affects your legal rights!

PLEASE READ CAREFULLY

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 201__, by (your name) _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of Madison County Inc., an Alabama nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat"). The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns 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 Volunteer's Activities with Habitat.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat 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 or illness.

Medical Treatment. Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat

Assumption of the Risk. The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Sex Offender Registry Check. Habitat For Humanity Of Madison County screens all staff, board members, applicant families and key volunteers on the National Sex Offender Public Registry. By completing this waiver you are submitting to such an inquiry.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. Volunteer agrees 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.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature: _____

EMERGENCY CONTACT

Print Name: _____

Name: _____

Address: _____

Relationship: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Your Insurance Co. _____

Email: _____

Witness: _____

Affiliation: _____



Habitat for Humanity of Madison County

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