



## DDA Adult Team Member Information Form

For the Weekend of: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Any allergies or medical concerns we should be aware of : \_\_\_\_\_

\_\_\_\_\_

Do you have any dietary requirements, please indicate: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

\_\_\_\_\_

Have you had a background check through an Arch/diocese?

If yes, which Arch/diocese \_\_\_\_\_

Have you received Virtus Training?

If yes, through what parish or organization? \_\_\_\_\_

Month and year of training \_\_\_\_\_

### Photo Release Form

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I hereby warrant that I have read and understood the terms of this release.

Signature \_\_\_\_\_