

Vacation Bible School Volunteer Registration

June 13 through 17th, 5:30pm-8:30pm

Name: _____

My Children are enrolled in VBS. Please place them in my small group.

Yes _____ No _____ Not Applicable _____

_____ Youth 12-17 years of age _____ Adult 18-21 years of age

_____ Adult 21 or older (place a check by your age group)

All adult volunteers must be in compliance with Diocesan regulations for volunteers working with minors. Check here if you need assistance in registering for an online Protecting God's Children Workshop. _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____

Emergency contact person: _____

phone: _____

Where would you like to work at VBS?

Mark 1-5 with 1 being your most preferred choice.

_____ 4 & 5 year olds _____ Crafts _____ Snacks _____ Movie Theater

_____ Crew Leader (with kids 6 & older) _____ Games

_____ Bible Theater _____ Administration (registrations/photography)

Parents of youth under 18 years:

I/We the parent(s) of _____ request that our child be allowed to participate in the Vacation Bible School activity.

I understand as a parent or legal guardian I am responsible for any liability which may result from actions taken by my child.

I fully understand there is a risk of injury in any activity. I agree that I will not hold the parish, school, or organization named above, or their volunteers or the Diocese of Kansas City-St. Joseph responsible for any injuries that my child might incur while participating in this event.

In an emergency, if I cannot be contacted, I hereby authorize that emergency treatment be administered.

SIGNATURE (parent/guardian): _____ Date: _____

Please PRINT the following information

Home Address: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work: _____ Cellular: _____