

Vacation Bible School Volunteer Registration

July 16th through 20th, 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)

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: _____