

# Vacation Bible School Volunteer Registration

July 14th through 18th, 5:30pm-8:30pm

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

My children/siblings 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

Youth in grade six have the option to become helpers or attend for another year as a participant.

\_\_\_\_\_ 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 to register for a Protecting God's Children Workshop. \_\_\_\_\_ Training will be provided via Zoom at a date and time tba for all volunteers age 16 and older.

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)

Volunteers must be registered members of St. Sabina Parish.

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: \_\_\_\_\_

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