

YOUTH VOLUNTEER FORM

St. Mary's Catholic Church is planning a
2017 Vacation Bible School Program
July 17th - July 21st, for kids PreK(4) - 5th grade.
We need volunteers!

If you are interested in helping our kids learn their Catholic faith in a fun and exciting way, please return the completed form to the Church Office or in the collection basket at Mass by June 23rd. Contact Marie Immenhauser 572-3863 for more information.

Our 2017 theme is "Discovery Mission: VOCATION Bible School"

Yes! I want to help kids learn more about Vocations!

(Volunteer's hours approx. 7:45am-12:30pm this includes an 8am FRIDAY CLOSING MASS & PANCAKE BREAKFAST FOR FAMILIES)

YOUTH NAME: _____ AGE: _____ GRADE: _____

T-Shirt (Circle one) Youth sizes: S M L XL Adult sizes: S M L XL 2XL 3XL
There will NOT be a surplus of t-shirts, so please register on time.

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address:

Street

City, State

Zip Code

Email: _____

Phone Numbers: Hm: _____ Wk: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

I am interested in: H.S. Group Leader: ___ H.S. Assistant ___ Jr. High Helper: ___
Station Helper: ___ (Circle one) Faith ___ Crafts ___ Snack ___ Music ___ Games ___
Are you working for service hours? Yes ___ No ___

(We may have to put some helpers in areas most needed or according to experience. First come first served basis.)

ALL volunteers **MUST** have Safe Environment Training.

TEENS: Please attend the following training at St. Mary's Activity Center (AV Room):

Thursday, July 6th, 2017 at 6pm

If you cannot make this date, please contact Marie at 361-572-3863

We will also need help preparing for VBS; if you would like to come help on one of our work days, please contact us so we can let you know when to show up!

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM

YOUTH FORM
OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____
Address _____ City _____
St/Zip _____ Phone (____) _____
Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____
Address (if different than above) _____
Phone (____) _____ Cell (____) _____ Wk (____) _____

I request and give my consent for my son/daughter, _____ to participant in all church sponsored activities from June 1-July 31 , 2017 sponsored by St. Mary's Catholic Church and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and St. Mary's Catholic Church, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date Parent's Signature

Family Physician _____ Phone (____) _____
Address _____ City/State/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____
Name _____ Work Phone (____) _____ Home Phone (____) _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____

Youth volunteers must complete this side of the registration form.

Thank you.