

# YOUTH VOLUNTEER FORM

St. Mary's Catholic Church is planning a  
**2018 Vacation Bible School Program**  
**July 16<sup>th</sup> - July 20<sup>th</sup>, for kids PreK(4) - 5<sup>th</sup> 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 22nd. Contact Marie Immenhauser 572-3863 for more information.

Our 2018 theme is "Marvelous Mystery: The Mass Comes Alive"

=====

**Yes! I want to help kids learn more about The Holy Mass!**

(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, June 28<sup>th</sup>, 2018 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 , 2018 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.**