

# PBVM Parish Vacation Bible School 2017

## Volunteer Registration Form

***If you are under 18 you must be entering the 7<sup>th</sup> grade in the fall to volunteer.***

**Dates:** July 31<sup>st</sup> – August 4<sup>th</sup>

**Times:** 8:00 a.m. – 12:30 p.m. each day

**Place:** Msgr. Higgins Gym | 3100 Norris Ave., Sac. 95821  
916-482-8883

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age if under 18: \_\_\_\_\_ Adult: \_\_\_\_\_

If a Student, What School Do You Attend? \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Care Provider Name: \_\_\_\_\_

Medical Provider Phone: \_\_\_\_\_

**Allergies or Other Medical Conditions:** \_\_\_\_\_

T-Shirt Size – **Circle One**

**YOUTH:** S (6-8) M (10-12) L (14-16)

**ADULT:** S M L XL XXL

### ***Two Mandatory Volunteer Trainings!***

**Monday, July 24<sup>th</sup> | 6:00 – 7:15 pm | Immaculata | Dinner will be served**

**Wednesday, July 26<sup>nd</sup> | 6:00 – 7:15 pm | Immaculata | Dinner will be served**

**Volunteer Options:** Please indicate your first and second volunteering options.

We will do our best to accommodate your request!

Group Leader \_\_\_ (*must be at least 16*)      Group Aide \_\_\_  
Outdoor Games \_\_\_      Cooking \_\_\_  
Crafts \_\_\_      Drama \_\_\_  
Music \_\_\_      Wherever Needed! \_\_\_

**Permission to Photograph, Video, Audio Record My Child (for volunteers Under 18)**

I give permission to photograph, video, or audio-record my child during Vacation Bible School 2017 for use in Parish-sponsored electronic or print media to promote VBS or other Faith Formation programs. I understand no personally identifiable information will be published along with my child's image. I acknowledge that my child may decline to be photographed, videoed or recorded at any time.

Parent/Guardian Signature: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Authorization of Consent for Treatment of a Minor**

In the event of a serious emergency and none of the persons listed on this form can be contacted, I authorize Vacation Bible School volunteers to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

**I agree that if my physician/medical care provider cannot be reached, the Vacation Bible School Program may choose a physician/medical care provider. Yes \_\_\_\_\_ No \_\_\_\_\_**

**If "no" is checked, please indicate what is to be done in case of accident or emergency.**

\_\_\_\_\_  
\_\_\_\_\_

I understand that the Vacation Bible School does not assume responsibility for payment of medical treatment. I hereby agree to bear all costs incurred as a result of the foregoing.

Parent/Guardian Name (PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_