

Vacation Bible School 2018

Volunteer Registration Form

Youth volunteers must be at least 12 years old AND entering 7th grade and have a genuine desire to care for younger children and help them learn about God.

\$10.00 T-Shirt donation appreciated if able! Thank you!!

Dates: July 9– July 13

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

Place: Presentation Parish Vacation Bible School | School Gym,
3100 Norris Avenue, Sacramento 916-482-8883

Name: _____

Male: _____ Female: _____ Age if under 18: _____ Adult: _____

If a Student, What School Do You Attend? _____

Grade in Fall 2018 _____

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

Mandatory Volunteer Training!

Wednesday, June 27th | 6:00 – 7:15 pm | School Café | 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 Presentation Parish Vacation Bible School 2018 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: _____