

VACATION BIBLE SCHOOL 2018 ~ Teen Helper Form



JUNE 11 thru 15 from 9:00AM to Noon (please be early on 6/11.)

ST. HUGH CHURCH, 408 Route 88, Carmichaels, PA 15320 / Phone: 724-966-7270

Teens grades 7th through 12th (Fall 2018) are invited to volunteer.

1. **Teen's Name:** _____ Gender (circle): M F DOB: _____ Age: _____ Grade (Fall 2018): _____

Area of interest (circle): Classroom Helper Recreation Crafts Music Snacks

2. **Teen's Name:** _____ Gender (circle): M F DOB: _____ Age: _____ Grade (Fall 2018): _____

Area of interest (circle): Classroom Helper Recreation Crafts Music Snacks

***Please note, you may not get your chosen area of interest. Volunteer assignments are based on a first come, first serve basis. If you choose, you may circle more than one area of interest to help in assigning you to your best fit area.*

Medical Conditions / Food Allergies: _____

Parents/Guardians' Name(s): _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Parish / Church where family is registered _____ Email: _____

Emergency Contact (if Parent CANNOT be reached) Name: _____

Relation to Child/Children: _____ Phone: _____

~If a teen will be signing out a sibling/child, the PARENT must provide a signed note to the child's VBS teacher stating that a minor (his/her name under the age of 18 years old) will be signing out the child. Thank You.

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Pittsburgh Diocese and St. Hugh/OLC Parishes from all manners of actions, claims which I or the child/children named above shall or may have for any reason, arising during my child's/children's attendance of the VBS.

Parent / Guardian Signature

Date

YES NO: I give permission for my child/children to be photographed for newspaper or other publications.

There will be a Mandatory Teen Meeting to go over VBS procedures. Date and time To Be Announced.

If you wish to make a DONATION of SNACKS for the teens (last year 30 teens), please LABEL the Teen's food /drink donations and bring it to the St. Hugh Social Hall's Kitchen during VBS. Your generosity is greatly appreciated!

Deadline: Return completed Form **NO LATER THAN May 30th**

to: St. Hugh VBS, 408 Route 88, Carmichaels, PA 15320.