

VACATION BIBLE SCHOOL YOUTH VOLUNTEER FORM



Christ And Me Project
Where Your Gifts are Discovered!!
June 18—22, 2018



Please report 8:15 am to noon (program times are 8:30—11:45 am)

Student Volunteer Name: _____ Date of Birth: _____

Grade (in fall 2018): _____ School: _____
(Students entering Grades 6 - 12 are welcome to volunteer for VBS help—preference given to those who can attend all week)

TSHIRT SIZE: Adult S M L XL

Parent(s) name: _____

Address: _____

Phone #: HOME: _____ PARENT(S) CELL: _____

Emergency Contact (other than parents):

Name: _____ Phone/Cell #: _____

**Medical Conditions / allergies: _____

Medication currently taken: _____
Please print instructions for allergies, medications, and/or medical/health concerns on a separate sheet & attach to this form.

Name of Primary Physician: _____ Phone: _____

Insurance Carrier: _____ Insurance Phone#: _____

Policy Holder and ID# _____

Date of last Tetanus booster _____

I consent to the participation of my CHILD/WARD in **St. Leonard CAMP VBS 2018**. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify St. Leonard Congregation (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent Signature

Date

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Archdiocese of Milwaukee Release of Information Form (for Audio/Visual)

"Each parish/school should establish policies regarding the release of names, addresses, phone numbers, and images of students, faculty, staff, and school families. For inclusion in directories, brochures, websites, or any other medium, permission needs to be obtained from the individual(s) involved, and in the case of minors, from their parent/guardian. General group pictures of students, staff, etc. without specific identification of individuals are not subject to this policy" (P1112).

I, _____, consent to the use by St. Leonard Christian Formation Office of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child/ren may appear. I understand that these materials are being used for promotion of St. Leonard Christian Formation Office. Such promotional activities extend to recruitment, fundraising, advocacy, etc. I release the staff, volunteers, etc. of St. Leonard School / Christian Formation Office from any liability connected with the use of my or my child/ren's picture or voice recording as part of any of the above or similar activities.

Parent Signature

Date

I would like to assist with:

(please rank your choices - we will do the best we can to put you with your first or second choice)

Craft Assistance

Helping with snack time

Being a classroom aide

Games/Activities Aide



Name: _____ Phone: _____

Parent email: _____

Please be sure to arrive by 8:15 am each day and plan to stay until noon. If you need to arrive late or leave early **with a parent's excuse**, please make sure we know this in advance.

Your assistance is appreciated!