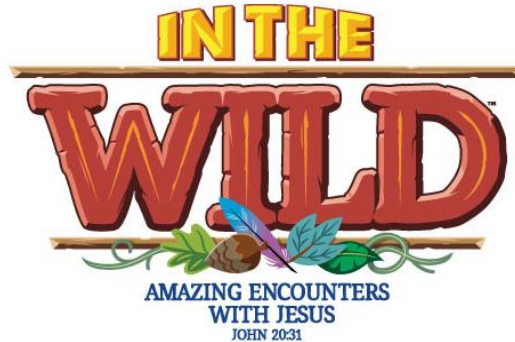


# San Sebastian Catholic Church

## VBS 2019 Adult (over 18) Volunteer Registration Form



Volunteer's Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Numbers: (Please circle the best number to reach you at during VBS)

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Have you had your background check completed? Yes No (circle one)

Have you completed Protecting God's Children? Yes No (circle one)

Have you volunteered with our VBS Program before? Yes No (circle one)

Do you have a station that you prefer? Yes No (circle one)

Which Station? (number in order of preference)

\_\_\_\_\_ Bible Study

\_\_\_\_\_ Crafts

\_\_\_\_\_ Music

\_\_\_\_\_ Recreation (games)

\_\_\_\_\_ Snacks

\_\_\_\_\_ Missions (new)

\_\_\_\_\_ Decoration Committee

Everyone must sign up for at least 1 of these two

\_\_\_\_\_ Set-Up

\_\_\_\_\_ Clean-Up

**Medical Information**

Medical or other information we need to know. (Please include any food allergies.)

**Emergency Contacts** (other than listed above)

Names & Phone numbers

Do you have a child attending this program? I so, \_\_\_\_\_

May we have permission to photograph you ? Yes No (circle one)

May we have permission to use your photograph for the purpose of promotion? Yes No (circle one)

I request that I, \_\_\_\_\_, be allowed to participate in San Sebastian Catholic Church VBS. I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

\_\_\_\_\_  
(Parent/Guardian/Representative Signature) (Date) (Printed Name of Parent/Guardian/Representative)

Photography Release Form Without compensation I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video of my child taken during VBS. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

\_\_\_\_\_  
(Parent/Guardian/Representative Signature) (Date) \_\_\_\_ I do not grant the above Photography release.

