

VBS 2020 VOLUNTEER

JUNE 9-12, 2020

Volunteer Hours: 9:00am-12:15pm

St. Robert of Newminster

MANDATORY MEETING:

Sunday before VBS, 7:00-8:30pm in the Parish Life Center



Office Use ONLY:

Last Name Letter: _____

Date: _____

CL ACL SA

Station: _____

Nametag:

Name: _____ Male _____ Female _____ Phone: _____

Student Volunteer Age: _____ Grade Completed in June 2020: _____

Student Email: _____ Adult/Parent Email: _____

Years Volunteered with VBS _____ I am a Parishioner _____ Non Parishioner _____

Allergies/ Medications: _____

My child _____ has permission to volunteer at VBS _____

Parent Signature: _____ Date: _____

I can volunteer on the following days (please circle) All Days Monday Tuesday Wednesday Thursday

Crew Leader

(guides 5 to 6 children through each station assisting with activities)

OR

Crew Assistant

(assist crew leader guiding children through each station)

(Circle One)

I prefer to work with (Circle One)

Pre K/Kindergarten

Elementary

I would like an Assistant (Circle One)

YES NO

Partner me with: _____

Station Leader (Adult only)

(read lesson, distribute prepared materials, lead activity for each group)

OR

Station Assistant

(assist adult leader with station activity)

(Circle Two)

Nursery/Stage/Snacks

Elementary Games

Elementary Crafts

Elementary Drama

Jr. Games

Jr. Crafts

Jr. Storytime

Partner me with: _____

Other Opportunities (Circle One)

Decorating Clean-Up Crew Special Needs Aide Donate Snacks/Drinks

Volunteer Childcare Needs

Child's Name: _____ Birthdate: _____ Allergies: _____

T-shirts are \$5.00, Please circle your size. PAYMENT DUE at Mandatory Meeting Sunday before VBS 7pm!

Small Medium Large X-Large



Questions? Contact Faith Formation Office at 616.676.9111, ext. 114

PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of diocesan programs.

As parent/legal guardian, I DO GIVE DO NOT GIVE permission for my child(ren) photographed during this program.

Parent Signature _____ Date _____

MEDICAL TREATMENT RELEASE

As a parent/legal guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. In the event that the aforementioned required my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand that all reasonable safety precautions will be taken at all times by the parish and its agents during faith formation programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St Robert of Newminster Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Name of Child(ren):		Relationship to You:
Reason for which release is intended	Faith Formation Sessions & Activities	
	Youth Ministry Events & Activities	
	Children's Choir	
Address of Child:		Home Phone:
Parent Name:		Mobile Phone:
Family Physician:		Physician Phone:
Physician Address/City/State/Zip:		
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information:		
Health Insurance Information:		
Company:		Policy #:
Group #:		Contact #:

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am (*check one*) Custodial Parent Legal Guardian of the minor child(ren) named above, and I agree to the above terms for myself and for my minor child(ren).

Parent Signature		Date
<input type="checkbox"/>	Check if online signature	