



Vacation Bible Camp 2016 Teen Volunteer Form

Yes, you can count on me too....

Attend all 5 days of VBS Mon July 11th - Fri July 15th
Volunteer hours 8:15am -12:15 pm Mon-Thurs, until 1:00pm on Fri

Pay \$25.00 for t-shirt, retreat, and lunch on Friday
Attend Retreat on Thur July 7th 10:00am-12:00pm

Work as a team
Welcome Children with Enthusiasm
Help children participate in all activities
Assist leaders as needed
Share my gift of Service

If you are unable to attend VBC all 5 days you will be placed
where needed

Teen Volunteer Form

Name_____

Grade Entering_____Cell Phone #_____

Email Youth_____

Email Parents_____

Why do you want to be a part of VBS?_____

Circle 3 areas you would like to work in...

Preschool

1st grade

2nd grade

3rd Grade

4th grade

5th grade

Music

Faith

Outdoor games

Snack

Craft

Skits

Code of Behavior

As a teen leader I commit to being on time everyday and staying on schedule.

I will wear my VBS t-shirt everyday and follow the dress code.

I will be kind, respectful and polite to all including my peers and adults.

I will socialize only when permitted.

I will be respectful of my surroundings.

I understand that if I do not follow this code of behavior I will be asked to leave.

Teen Signature_____

Parent Signature_____

TEEN ACTIVITY PERMISSION SLIP

I _____ give permission for my teen,

_____ to participate in Vacation Bible Camp, sponsored by St. Martin of Tours Parish, to be held on July 11th-July 15th 8:15am-1:00pm and on July 7th 10:00am-12:00pm. We further express our appreciation for the church's volunteers, organization of the event, and the people who are volunteering their time to make the event possible.

MEDICAL TREATMENT

Should emergency medical treatment be necessary, I authorize the adult leader(s) of St. Martin of Tours parish to act on my behalf and administer/approve appropriate treatment. _____(initial)

RELEASE OF LIABILITY

I/We the parent(s) of legal guardians of _____ do hereby release St. Martin of Tours Parish, the Church staff, all sponsors, and volunteers involved with the following event: Vacation Bible Camp July 7th-July15th 2016 from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above event. _____. (initial)

Signature of Parent/Guardian _____ Date _____

Home Phone _____ Cell Phone _____

Secondary Contact Name/relationship _____

Phone _____ (will only be contacted if primary contact cannot be reached)

Allergies or Health Concerns: Please list any:

Health Insurance Information

Insurance Company Policy Number _____

Policyholders employer _____

Policyholders name & address _____

PHOTO RELEASE

I authorize St. Martin of Tours Parish if the Catholic Diocese of San Diego, its representatives or volunteers to photograph _____ for purposes promoting the interests of St. Martin of Tours Parish including use in any printed materials, the Parish website, third party hosting site and any other visual display or media. I understand that such photos, if used for church related purposes will not be used for any other commercial purpose whatsoever, and therefore I hereby waive any kind and all rights I might have for remuneration of any kind which could otherwise accrue for the use of such photos.

Signature _____ Date _____

