



VBS VOLUNTEER

St. Aloysius Vacation Bible School

July 17-21, 2017 (9am-12pm)

PLEASE CHECK ONE VOLUNTEER TYPE

If you are ENTERING 7TH GRADE <input type="checkbox"/> Station Helper	If you are ENTERING 8TH OR 9TH GRADE <input type="checkbox"/> Station Helper <input type="checkbox"/> Jr. Crew Leader	If you are ENTERING 10TH GRADE OR ABOVE <input type="checkbox"/> Station Helper <input type="checkbox"/> Crew Leader	If you are 21 OR OLDER <input type="checkbox"/> Station Helper <input type="checkbox"/> Adult Crew Supervisor
--	---	--	---

Please list your station/job preferences, *if you have any.*

Thank you for volunteering! VBS volunteers fulfill a variety of roles during Vacation Bible School. Without the generous help of our volunteers, St. Aloysius Vacation Bible School would not be able to happen.

ALL VOLUNTEERS MUST ARRIVE BY 8:20 AM EACH DAY OF VBS WEEK!

Last Name _____ First Name _____
 Age (JUNIOR & YOUTH volunteers) _____ Grade Completed (YOUTH volunteers) _____
 Home Phone _____ Cell Phone _____
 Email _____

UNIFORM T-SHIRT (no charge for Youth Volunteers):

Please circle size: **Child: S M L / Adult: S M L XL XXL**

\$10 Required Early Registration Fee (**ADULTS ONLY**). Includes t-shirt. (**\$15 after June 15th**) \$ _____
 Optional Music CD (\$10 each) \$10 x _____ #CDs = \$ _____
 Optional VBS Donation \$ _____
Total Enclosed (please make check payable to St. Aloysius VBS) = \$ _____

EMERGENCY CONTACT Name: _____ Emergency Phone: _____

MEDICAL & LIABILITY RELEASE FOR JUNIOR & YOUTH VOLUNTEERS - Valid July 17-21, 2017

In the event of sickness or medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor and/or health care provider to transport, treat and/or admit for care my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency, or cannot be contacted, my child's care has been entrusted to the staff designated ministry leadership of St. Aloysius Catholic Church. I hold harmless St. Aloysius Church and all involved with preparation and participation in the Vacation Bible School and claim full responsibility for my son/daughter(s) named below.

Volunteer's Name _____

Signature of Parent or Guardian _____ Date _____

Print Parent Name _____

****Please return this form with payment to the Rectory, or mail to:
 Vacation Bible School c/o St. Aloysius Church, 125 E Pleasant Ave., Tulare, CA 93274
 BY June 15, 2017, but NO LATER THAN July 1, 2017, to ensure volunteer registration.****

Cash ___ Check # ___