



VBS VOLUNTEER

St. Aloysius Vacation Bible School

July 16-20, 2018 (9am-12pm)

PLEASE ONLY CHECK ONE BOX LEADER/SUPERVISOR OR HELPER

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

Please check your station preferences, *if you have any.* (You may check more than one box)

- | | | |
|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bible Adventures | <input type="checkbox"/> Games |
| <input type="checkbox"/> Kid Vid | <input type="checkbox"/> Imagination Station | <input type="checkbox"/> Pre School |

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

Last Name _____ First Name _____ M ___ or F ___

Allergies/Medical Conditions _____

Age (JUNIOR & YOUTH volunteers) _____ Grade Completed (YOUTH volunteers) _____

Home Phone _____ Cell Phone _____

Email

*Please provide the best email address to receive VBS communication. (PLEASE PRINT CLEARLY)

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 16-20, 2018

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 1, 2018, but NO LATER THAN June 15, 2018 to ensure volunteer registration.*
 SORRY, NO LATE REGISTRATIONS CAN BE ACCEPTED**

Cash ___ Check # _____