



ST. JANE DE CHANTAL CATHOLIC CHURCH & ST. MICHAEL MISSION VBS

JUNE 19-23, 2017 • 9AM-NOON

VOLUNTEER REGISTRATION FORM (DUE JUNE 1)

All volunteers must have completed 5th grade or beyond. Volunteers ages 16 & 17 must attend Safe Environment training (the PSR safety class may count). Volunteers ages 18 and older must submit to a background check and attend the adult SE training once every three years. Volunteers will be contacted with further instructions.

Parents/Guardians Full Name/s _____ Primary phone # _____

Address _____ City & State _____ Zip _____

Primary email address _____

VOLUNTEER/S INFORMATION

| Name | Grade 2017-18 | DOB | T-shirt size | Medical Needs/Food Allergies |
|----------|---------------|-------|-----------------------|------------------------------|
| 1. _____ | _____ | _____ | YS/YM/YL/S/M/L/XL/XXL | _____ |
| 2. _____ | _____ | _____ | YS/YM/YL/S/M/L/XL/XXL | _____ |
| 3. _____ | _____ | _____ | YS/YM/YL/S/M/L/XL/XXL | _____ |
| 4. _____ | _____ | _____ | YS/YM/YL/S/M/L/XL/XXL | _____ |

Please indicate if you are available to help with set-up and decorations: Y / N

Please list any particular areas of interest/ talents:

EMERGENCY CONTACTS (other than parent/guardian)

| Name | Phone # | Relationship to student |
|----------|---------|-------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

WITH WHOM MAY STUDENT/S LEAVE CAMPUS? (other than parent/guardian)

| Name | Phone # | Relationship to student |
|----------|---------|-------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

I hereby give permission to call 911 in the event of a medical emergency.

Signature of Parent or Guardian

Date MM/DD/YYYY

Printed Name of Parent or Guardian

I give my permission for my child/children to be photographed, videotaped, and/or interviewed by authorized staff. These photos, videos, and/or interviews may be published in any form and for the purposes of public relations announcements, internet sites, printed publications, or other articles used by authorized staff. If a student will be identified in a picture, video or interview, parents/guardians will be contacted for permission prior to publication.

Signature of Parent or Guardian

Date MM/DD/YYYY

Printed Name of Parent or Guardian