



**St. Philip Church Volunteer Form  
2023 Vacation Bible School  
June 19-23<sup>rd</sup>, 2023, from 8:30-Noon**



# VOLUNTEERS:

**Student Volunteers:** Incoming 6<sup>th</sup> grade and older are welcome to volunteer at VBS! By filling out this form, you'll agree to attending one of the two training sessions offered: **Wednesday, June 14 at 7:00 pm** in the St. Philip Room, or **Saturday, June 17 before Mass, 3:00 p.m.** The training will last no longer than an hour.

**Adult Volunteers:** We can't host over 100 children without the help of parents/grandparents each day. **are the first and foremost teacher of the faith, leading by example showing priority of Christ in your family, so time present at VBS can send a message to your children and their friends that "this is important".** A youth protection training and/or renewal form will be required for adults 18+.

Please return the completed form below to St. Philip office or in the box in back of church by May 22 (you may not get a t-shirt if this form is received after deadline).

Email Anna Norman at: [annarogers@yahoo.com](mailto:annarogers@yahoo.com) with questions.

=====

## **Yes! I want to help lead kids at the Birthday Blast VBS!**

I am interested in helping with any of these areas: *(please check as many as interest you)*

crew leader (youth position)  crew helper (adult position)

*Do you have a preferred grade to help? \_\_\_\_\_*

child care for volunteers' children  set-up (weekend before)  Friday clean-up (6/23)

other: \_\_\_\_\_  station helper (craft / fun & games)

**Volunteer T-Shirt Size (circle): Youth: S M L Adult: S M L XL XXL**

Name: \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

### **Emergency Contact (to use for the week of bible school):**

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date