



# ST. ANTHONY SHIPWRECKED VBS 2018

June 11—15 9:00 A.M.—12:00 P.M.

Ages 4—11



(12 and older may sign up to be crew leaders on the back of this form.)

## Parent Contact Information:

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Child(ren) Information:

For T-Shirt size, indicate **YOUTH XS (2/4), S (6/8), M (10/12), L (14/16), XL (18/20)**  
**OR ADULT S, M, L, XL, or 2XL**

<u>Name</u>	<u>Age</u>	<u>T-Shirt Size</u>
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1.

2.

3.

4.

5.

Allergies or Medical Conditions: \_\_\_\_\_

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact during VBS: \_\_\_\_\_ Phone number \_\_\_\_\_

Yes, you may use photos of my children in VBS videos and church media.

No, you may not use photos of my children in VBS videos and church media.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **SHIPWRECKED VBS** **TEEN AND ADULT VOLUNTEER FORM**

## **TEEN VOLUNTEER: (AGE 12—17)**

*Yes, I want to help (Circle all that apply):* Teen Crew Leader      Set Up/Decorate      Teen Station Assistant

TEEN NAME: \_\_\_\_\_ AGE \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

PARENT PHONE #:(home) \_\_\_\_\_ (cell) \_\_\_\_\_ TEEN PHONE # \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

  

*Yes, you may use photos of my child(ren) in VBS videos and church media.*  
*No, you may not use photos of my child(ren) in VBS videos and church media.*

*I give permission for my child to perform volunteer service for the Diocese and work with children. I authorize my child to receive a Dru Sjodin background screening and to receive training, including viewing the diocesan Safe Environment Training video, and reviewing the diocesan Personal Conduct and Policies Manual. I certify that I am not aware of any problem with or past conduct on the part of my child which indicates that my child may pose a risk of harm to himself/herself or to others.*

*Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.*

*Allergies or Medical Conditions: \_\_\_\_\_*

*Emergency Contact during VBS: \_\_\_\_\_ Phone number \_\_\_\_\_*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TEEN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Background check complete: \_\_\_\_\_ Date: \_\_\_\_\_

## **ADULT VOLUNTEER: (AGE 18+)**

*Yes, I want to help (Circle all that apply):*

Adult Station Leader      Set Up/Decorate      Help with picnic

*Yes, I can help provide (Circle all that apply):*

Snack      Materials      Other: \_\_\_\_\_

NAME: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*I authorize the diocese, its employees and agents to conduct a criminal history check on me. I understand that I must complete the diocese's Safe Environment Education process before engaging in any volunteer work for the diocese.*

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Background check complete: \_\_\_\_\_ Date: \_\_\_\_\_