



Vacation Bible School June 18- 22, 2018

Youth Volunteer Registration Form- Those entering 6th grade to 17 yrs old!

Name: _____ Grade 2018-19 _____ Age on 6/18/18 _____

Address _____
Street City Zip

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Youth Cell: _____ Youth email: _____

Parent Email: _____

Volunteer's T-Shirt size (please circle preferred size):

adult small adult med adult L adult XL adult XXL

I understand that I need to attend training in order to help during VBS week. I will attend training at the Parish Community Center on

_____ Tues, June 12th 10:00-11:30 am OR _____ Tues, June 12th 5:30-6:30 pm

I understand that I need to help with set up and clean up.

Set up is Sunday, June 17 noon -2pm. Clean up is Friday, June 22 after the picnic.

I am willing to help (Check all that apply):

_____ with decorating parties Thursdays in May from 6-9pm at the Faith Formation Center (come any night for just one hour or for all 3 hours!)

_____ the whole week of VBS from 8:30 am to noon

_____ these days during VBS from 8:30 am to noon: (circle days available) **M T W TH F**

_____ with children in grade 1 thru 5 _____ with children ages preschool - kindergarten

_____ as a crew leader (small group leader)

_____ as a station leader or station assistant (circle which station below you would prefer)

Imagination_Station Games Bible_Adventure Snacks Photographer Cinema

TURN THE PAPER OVER FOR MORE!

Parent/Guardian's Page

_____ I give St. Genevieve's permission to use my child's photo

Your child needs to have a signed code of conduct and 2 reference forms on file at the Church of St. Genevieve. If this was completed in 2017, it does not need to be updated until 2020.

In case of accident or illness, I request that the representative of the parish contact me at the phone numbers on the first page. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

Parent/Guardian Signature: _____

Date _____

EMERGENCY CONTACT: In the event of an emergency, if you are unable to reach me at the phone numbers on the first page, contact:

Name _____ Phone Number _____

Return to St. Genevieve Parish Office, 7087 Goiffon Road, Centerville, MN 55038.

Questions – Contact Youth VBS Volunteer Coordinator: Patti Strom at dpstrom@aol.com