



## St. John Paul the Great Parish Vacation Bible School • August 6-10, 2018 Teen Volunteer Intent Form/Medical Release

We are looking forward to another great group of teen volunteers this year. Thank you for your interest in volunteering. Please indicate your favorite area to work by filling out this form.

**PLEASE PRINT CLEARLY**

Is this your first time volunteering in VBS? \_\_\_\_\_ if no, how many years have you volunteered? \_\_\_\_\_

If you volunteered before, what did you helped with? \_\_\_\_\_  
(i.e. worked in classroom, games, snacks, arts & crafts, music, helped with set-up or take-down)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2018-2019 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_

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

What area are you interested in helping out this year: \_\_\_\_\_

What other ministries do you serve in:  
\_\_\_\_\_

How did you hear about VBS? \_\_\_\_\_

T-shirt Size: Adult (AS, AM, AL) or Youth (YS, YM, YL) \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Permission (Must be signed by a Parent )**

I give permission for my minor child to be treated and/or transported by ambulance to the above hospital or the closest hospital in the event of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Consent**

I give permission for my child to be photographed/video recorded and used in St. Anne publications and website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Intent**

I will work to be a good example for the young children attending VBS. I am willing to do my best at the assignment I accept at VBS, doing my part to make the children's experience at VBS one that reflects Jesus' love for them.

Signature \_\_\_\_\_ Date \_\_\_\_\_