



VBS Youth & Young Adult Volunteer Application Rocky Railway VBS June 21-25, 2021

APPLICATION DEADLINE: May 20, 2021
Submit application with signatures & reference letter to the Director.

Name: _____ Parents Name: _____

Home Phone: _____ Parent Contact Phone: _____

Address: _____ City: _____

Date of Birth: ___/___/___ Grade in Fall 2021: _____ School: _____

Student's Phone: _____ Student's email: _____

Parent's email: _____ T-shirt Size: YM YL AS AM AL AXL AXXL AXXXL

PART I: TO BE COMPLETED BY THE YOUTH VOLUNTEER

We are thrilled you are applying to volunteer for Vacation Bible School. As a volunteer, you will be a role model and an encouragement to the children. Your Catholic faith will be a witness the children who are on their own search to know God and His love. This should be your PRIMARY reason for wanting to volunteer. Please answer the following questions:

1. What experience do you have working with children? _____

2. How can you show children God's love? _____

3. What gifts and talents do you bring to VBS? How can they be used to make this a great week for the kids? _____

If you could work in any area of VBS (Guide, Craft, Imagination Station, Games, Video, Drama, Bible Stories, Music, Snacks, Rocky Wrap Up), what would you choose:

1: _____ 2. _____ 3. _____

I prefer to work with: _____ Nursery _____ PreK _____ 1st-5th _____ Any Age
List in the order you prefer.

Complete Other Side

PART II: PARTICIPATION AND BEHAVIORAL AGREEMENT

I/my child _____ want(s) to be a youth volunteer for VBS. We understand this is a privilege and not a right. If the supervising VBS staff decides the above-named student is not able to serve in the capacity described in the answers above or for inappropriate behavior, we understand that s/he will be asked to leave the program. An adult staff member would discuss this with both the student and the parent should this situation occur.

Student: _____ Parent: _____
Signature Signature

Liability Release and Medical Information: This is to certify that my child(ren),
 Name _____ Grade _____ Name _____ Grade _____
 Name _____ Grade _____ Name _____ Grade _____
 has my consent to attend any and all activities and programs sponsored in coordination with the Sts. Peter and Paul Religious Education Program for the VBS Program June 2021. I hereby release **Sts. Peter and Paul Catholic Church, the Religious Education Program, and the Archdiocese of San Antonio**, its various organizations and the activity sponsors from any liability for injuries or fatalities suffered by my child while he/she is under the supervision of the sponsors of these activities.

_____ _____ _____
 Print Parent Name Parent Signature Date

In case of accident, I hereby give my permission for any responsible adult to give emergency medical treatment to my son(s)/daughter(s).

Parent's Name _____ Parent's Signature _____

Insurance Co. Name: _____ Ins. Co. Phone: _____
 Address: _____ ID #: _____ Group#: _____

In case of emergency, and if I am not available, please notify:

Name	Relationship	Phone

Is s/he allergic to any type of medication? Yes ___ No ___ If yes, please indicate the child & medication: _____

Is s/he presently taking any prescription medication on a daily basis? Yes ___ No ___ If yes, indicate the child(ren) and medication? _____

Does your son/daughter have any allergies? Yes ___ No ___ If yes, what is the allergy: _____

I give permission for my son's/daughter's picture to be used on the website or other advertising for Sts. Peter and Paul Religious Education or VBS Program.

_____ Date
Parent Signature

Complete Other Side