



HOLY TRINITY CATHOLIC CHURCH  
Vacation Bible School  
July 16<sup>th</sup> -20<sup>th</sup> 9am -12pm  
Volunteer Packet

If you are volunteering as an **ADULT VOLUNTEER**,

- You will be placed in one of our daily rotation stations. You will be asked to arrive by 8:30 am each day and will conclude by 12:45 pm after each day's clean up.
- All of our **ADULT VOLUNTEERS** must attend the VBS run through meeting on 7/9/18 with the rest of your station leaders/rotation leaders to learn about your station and help prepare tasks & supplies, as well as our **ALL VOLUNTEER** meetings & set-up meetings.

If you are volunteering as a **STUDENT VOLUNTEER**,

- You will most likely be a Crew Leader or Jr. Crew Leader for our elementary aged crews.
- Each day you will lead your crew through all of the different stations. The crews become like little families for the week as they learn, share and have fun together!
- You will also be asked to arrive by 8:30 am each day to greet your crew members as they arrive and get your assignments for the day. Your day will conclude at 12:45 pm with a short debriefing and prayer.
- All of our **STUDENT VOLUNTEERS** will be asked to attend *one* of our (2) **TRAINING** meetings, our **ALL VOLUNTEER** meetings & set-up, and as many set-up and decoration days as you are willing to help with (TBD).

**The MANDATORY meeting dates are:**

**TRAINING meetings for STUDENT VOLUNTEERS - (choose one of these two):**

- *Thursday, June 28th at 7pm*
- *Monday, July 2nd at 7pm*

**ALL VOLUNTEER meetings & set-up:**

- **Monday, July 9<sup>th</sup> 4-6pm - VBS Run Through** (*T-shirts will be handed out this day!*)
- **Sunday, July 15<sup>th</sup> 10:30am - 2:30pm - Commissioning at the 10:30am Mass, Lunch & SET-UP!!**
- **Additionally, on the last day of VBS (Friday, July 16<sup>th</sup>) we need as many volunteers as are able to stay until 2:30pm to help tear down and clean up!**

**To sign up as a volunteer, please fill out the VOLUNTEER REGISTRATION form for each volunteer and turn in to the Parish Office. Sorry we do not accept email, faxed, or mailed copies. Once your forms are processed, you will be contacted via email with more information ASAP. Blessings!**

# VOLUNTEER REGISTRATION FORM

(Fill out separately for EACH VOLUNTEER in your family)

Volunteer's Full Name \_\_\_\_\_

**Circle the correct description below:**

- I am an ADULT (age 18 and out of high school)
- I am a HIGH SCHOOL STUDENT - I will be in \_\_\_\_\_ grade at \_\_\_\_\_ (School)
- I am a JUNIOR HIGH STUDENT - I will be in \_\_\_\_\_ grade at \_\_\_\_\_ (School)

Cell Phone # \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Insurance Carrier Name & Policy # \_\_\_\_\_

ADULT volunteer station preference \_\_\_\_\_

**T-Shirt Size (circle one):**

Child Small    Child Medium    Child Large    Adult Small    Adult Medium    Adult Large  
Adult XL    Adult 2X    Adult 3X

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**FOR ADULT FULL-TIME VOLUNTEERS ONLY** (PLEASE FILL OUT THE PERMISSION FORM FOR DAYCARE CHILDREN)

I have younger children and would like to have them in daycare (childcare for children ages 0-4 of VBS **FULL-TIME** Volunteer parents) – their names and ages are:

FULL NAME	Gender: M or F	Age	Birthdate	Potty Trained: (Yes or No)

*If your children have any allergies or other concerns, please explain:*

\_\_\_\_\_

\_\_\_\_\_

**FOR STUDENT VOLUNTEERS & DAYCARE CHILDREN ONLY:**

*If under age 18, the following must be completed by your parent/guardian*

I, the parent (guardian) of \_\_\_\_\_ hereby give my permission for her/his/their participation in Vacation Bible School from July 16th – July 20th at Holy Trinity Catholic Church. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby, authorize the making of photographs, motion pictures, video tapes, or other recordings memorializing said event and my child’s participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby, give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist, or licensed care staff.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Name (please print)