

Saint Ambrose Vacation Bible School Volunteer Form



July 8- 12, 2019

MORNING SESSION: 9:00am - 12:00pm Monday - Friday
OR

AFTERNOON SESSION: 1:00pm - 4:00pm Monday - Thursday
** Friday 1:00pm - 3:00pm **

Since VBS runs on volunteer power, WE NEED YOUR HELP!

Name _____ Phone _____

Address _____

Email _____ Parish Family Belongs to _____

Teen/Youth: Date of Birth _____ School Fall 2019 _____ Grade _____

Circle the age group that applies to you:

Adult (Over 18) Teen (14-17)* Youth (11-13)*

** All Teens and Youth must complete the
Emergency Medical Authorization Form on the reverse side*

Circle the area(s) you may be interested to help in:

(We will do our best to place you in your first choice group, but it is not guaranteed).

Group Leader Crafts Games Babysitting
Bible Adventure Stories Snacks Decorating Floaters

Circle which session(s) you are able to help with:

MORNING: 9:00am - 12:00pm

AFTERNOON: Monday - Thursday 1:00pm - 4:00pm *Friday 1:00pm - 3:00pm

FRIDAY, July 12: Clean up Crew 2:00pm - 4:00pm

If you are a parent helper, would you like your child placed in your group? YES or NO
Please note this on your VBS Registration

Childcare will be provided for our volunteers whose children are too young to participate:

Please indicate the number of children: _____ Ages: _____

We will need an Emergency Medical form filled out for all children.

Volunteer forms DUE

**** May 15, 2019 ****

Janet Majka at #330-460-7321 or jmajka@stambrose.us
OR the PSR Office #330-460-7302

VBS Emergency Medical Authorization Form
Saint Ambrose Vacation Bible School Program

2019

Child's Name _____ Gender M / F Age _____
Parent/Guardian Names _____
Birth date _____ Home phone _____ Cell _____
Address _____
Child's Doctor _____ Phone _____
Child's Dentist _____ Phone _____
Hospital of Choice _____ Phone _____
Insurance Provider _____ Phone _____
Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Does your child have any medical allergies? (If yes, please list) _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:
Name _____ Relationship to child _____
Phone _____ Cell _____
Name _____ Relationship to child _____
Phone _____ Cell _____

Part 1-Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital. The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part II-Refusal to Consent

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my minor child _____ age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his participation at St. Ambrose programs by an employee, agent or representative of St. Ambrose or independent contractor. This RELEASE AND AUTHORIZATION acknowledges that all photographic negatives, positives, and prints shall constitute the property of St. Ambrose and may be used by St. Ambrose for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

PARENT(S)/GUARDIAN SIGNATURE _____ **DATE** _____