



2019 St. Mark VBS
 ADULT VOLUNTEER Registration
 July 22-26 8:45am-12:15pm
 Registration ENDS June 17

 Last Name First Name

 STREET ADDRESS CITY ZIP

Phone:_____

EMAIL:_____

Children in VBS ____no____yes – Grades:_____

Please fill out a separate registration form for children.

Teen helpers in VBS ____No ____Yes

Please fill out a separate registration form for teens.

I would like to help with: *(Placement based on request and on where most needed.)*

- | | | | |
|-------------------|--|--------------------------|--|
| _____Nursery | _____1 st grade | _____5 th | _____Art/Crafts |
| _____3 year olds | _____2 nd grade | _____Snacks | _____Games |
| _____4 year olds | _____3 rd grade | _____Music | _____Sno Cones |
| _____Kindergarten | _____4 th grade | _____Drama/Bible Stories | 1 st -5 th grade |
| _____Decorations | _____Drama/Bible Stories for PreK-Kinder | | |

**I realize all of the above positions require a five day commitment the week of VBS.
 I will also attend one training meeting at the end of June if this is my first time to participate
 in VBS.**

MUST BE SAFE ENVIRONMENT SCREENED/TRAINED TO PARTICIPATE.

Signature: _____

T-Shirt Size: Adult S M L XL XXL

CONTINUED

Adult Emergency Contact and Medical Form

Contact 1: _____
Last Name First Name

Cell# _____ Work# _____

Relationship _____

Contact 2: _____
Last Name First Name

Cell# _____ Work# _____

Relationship _____

Medical Insurer _____

Policy# _____ Group# _____

Medical Conditions _____

Allergies _____ Drug Allergies _____ Asthma _____

Current Medications _____

WAIVER/AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I, who by law may do so, authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken during this event. I will not hold St. Mark the Evangelist Catholic Church, members of the staff or volunteers responsible for accidental harm or injury that may occur during this event. I understand that, in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form immediately.

Volunteer's Signature Date

St. Mark Safe Environment Requirements

All adult volunteers (18 years and older) must have completed a Safe Environment Screening and Training program. In order to volunteer you must meet the following criteria:

-Background Screening Information on file at St. Mark. (If you are from another parish, contact parish and give permission for your screening information to be shared with St. Mark. Attention: Linda Sartor, c/o St. Mark.)

-Annual Training program. (If you are from another parish, contact parish and give permission for your Training information to be shared with St. Mark. Attention: Linda Sartor, c/o St. Mark.)

-Complete Background Screening if this has never been done. Go to St. Mark website "Safe Environment", www.stmarkplano.org.

-Interview with St. Mark Staff after completing screening packet.

-Complete Initial Training – contact Linda Sartor at 972-423-5600 or LSartor@stmarkplano.org

**If you are a returning volunteer – your only requirement is to update Annual Training.

DELIVER Completed Registration to Parish Office or mail to
1105 W. 15th Street, Plano TX 75075, attn.: VBS