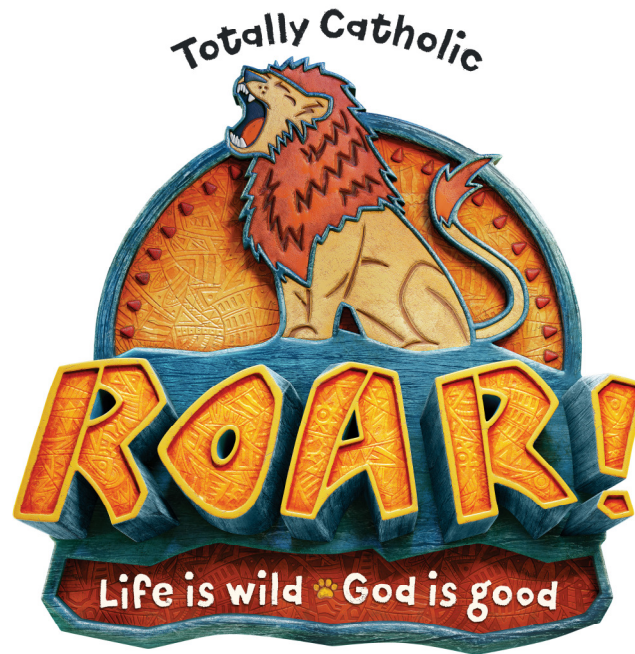




St. Catherine Parish
Parroquia de Santa Catalina

Volunteer for Vacation Bible Camp Summer 2019!



Half Day Camps

Session I: June 17-21, 2019

Session II: June 24-28, 2019

8:00 am—12:30 pm

- *Put God's love into action by working with our community*
 - *Serve as a Session Leader for kids PK-grade 5*
- *Work with awesome high school and middle school crew leaders*

**Registration forms are available online,
at the Rectory or the Family Faith Formation Office.**

For further information on volunteering, please contact:

Rose Pucan-Meagor at (408) 779-9604 or rpucanmeagor@dsj.org

*St. Catherine Church, Office of Family Faith Formation and Evangelization
17400 Peak Ave, Morgan Hill, CA 95037 Tel: (408) 779-9604*

ADULT VOLUNTEER REGISTRATION AND RELEASE FORM

YES! I can volunteer for the following Vacation Bible Camp:

Session I: ____ June 17-21 or Session II: ____ June 24-28

Volunteer Name: _____

Address: _____ City: _____

Home #: _____ E-mail address: _____

Cell #: _____

Please circle T-shirt size: Adult S M L XL XXL

Area I Am Interested In:

<input type="checkbox"/> Pre School	<input type="checkbox"/> Bible Leader	<input type="checkbox"/> Snacks
<input type="checkbox"/> Kid Vid Cinema	<input type="checkbox"/> Imagination Station	<input type="checkbox"/> Sing and Play Leader (Skits)
<input type="checkbox"/> Games	<input type="checkbox"/> Spotlight Video	

Do you have a food allergy? Y N

If yes, please explain: _____

Doctor's Name: _____ Doctor's Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Person:

Name: _____ Relation: _____ Phone #: _____

In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to me under the general care and advice of any physician, dentist, or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. By signing this form, I hereby grant permission for me to be photographed and/or videotaped during Vacation Bible Camp (VBC) at St. Catherine Church. I understand that I may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotape footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting VBC. **Please print "Photo Opt Out" by the signature if you do not want this permission granted.**

All volunteers must have complete a background check and have completed the VIRTUS Safe Environment Training Online at least 2 weeks prior to the start date of Vacation Bible Camp.

Signature: _____ Date: _____

FOR OFFICE USE: Fingerprints Cleared _____ STV Certificate received _____
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