



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 Youth Leader for kids PK-grade 5*
  - *Share your faith by example*

**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](mailto:rpucanmeagor@dsj.org)

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

# YOUTH/TEEN 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**

Teen/Youth Volunteer Name: \_\_\_\_\_ Grade Entering in Fall 2019 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

Area I Am Interested In:

_____ <b>Pre School Crew Leader</b>	_____ Bible Leader	_____ Snacks
_____ <b>Elementary Crew Leader</b>	_____ Imagination Station	_____ Sing and Play Leader (Skits)
_____ Games	_____ Spotlight Video	_____ Kid Vid Cinema

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 my youth 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 my youth to be photographed and/or videotaped during Vacation Bible Camp (VBC) at St. Catherine Church. I understand that he/she 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 complete the VIRTUS Safe Environment Training Online at least 2 weeks prior to the start date of Vacation Bible Camp and attend the training sessions.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE:</b>	Fingerprints Cleared _____	STV Certificate received _____
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