

2019 YOUTH VOLUNTEER FORM

St. Mary's Catholic Church is planning a
2019 Vacation Bible School Program
July 15th - July 19th, for kids PreK(4) - 5th grade.
We need volunteers!

If you are interested in helping our kids learn their Catholic faith in a fun and exciting way, please return the completed form to the Church Office or in the collection basket at Mass by June 21st. Contact Marie Immenhauser 572-3863 for more information.

Our 2019 theme is "Wilderness Adventure Through the Sacraments"

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Yes! I want to help kids learn more about The Sacraments!

(Volunteer's hours approx. 7:45am-12:30pm this includes an 8am FRIDAY CLOSING MASS & PANCAKE BREAKFAST FOR FAMILIES)

YOUTH NAME: _____ AGE: _____ GRADE ENTERING: _____

T-Shirt (Circle one) Youth sizes: S M L XL Adult sizes: S M L XL 2XL 3XL
There will NOT be a surplus of t-shirts, so please register on time.

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address:

Street	City, State	Zip Code
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Email: _____

Phone Numbers: Hm: _____ Wk: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

I am interested in: H.S. Group Leader: ___ H.S. Assistant ___ Jr. High Helper: ___
Station Helper: ___ (Circle one) Faith Crafts Snack Music Games
Are you working for service hours? Yes ___ No ___

(We may have to put some helpers in areas most needed or according to experience. First come first served basis.)

ALL volunteers MUST have Safe Environment Training.

TEENS: Please attend the following training at St. Mary's Activity Center (AV Room):

Thursday, June 27th, 2018 at 6pm

If you cannot make this date, please contact Marie at 361-572-3863

We will also need help preparing for VBS; if you would like to come help on one of our work days, please contact us so we can let you know when to show up!

PLEASE PRINT SEPARATELY AND COMPLETE ALL 3 PAGES OF THIS FORM.

The Catholic Diocese of Victoria in Texas
YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____
Address _____ City _____ St/
Zip _____ Phone (____) _____ Age _____
Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____ Address _____
(if different than above) _____
Phone (____) _____ Cell (____) _____ Wk (____) _____

I request and give my consent for my son/daughter, _____ to participate in all church/school sponsored activities from **June 27, 2019 through July 1, 2020**, sponsored by **St. Mary's Catholic Church, Victoria**, and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and **St. Mary's Catholic Church, Victoria**, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____ Date

_____ Parent's Signature

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

Family Physician _____ Phone (____) _____

Address _____ City/State/Zip _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____ I do not have insurance at this time.

Contacts in case of emergency and parent cannot be reached:

Name _____ Cell Phone (____) _____ Other Phone (____) _____

Name _____ Cell Phone (____) _____ Other Phone (____) _____

_____ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

_____ My child has a valid driver's license and may drive to and from events. (Please initial line)

Youth volunteers must complete this page of the registration form.

Thank you.



Video/ Photo/ Media/ Audio Release

I hereby grant _____ (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child _____ in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless _____ (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand **that all communication with my minor child will be directly related to an approved School/Parish/Diocesan Entity activity.** In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I hereby **give permission** for my minor child to be in video/photos/media/audio/other images.

_____ Parent/ Guardian Signature _____ Date

I hereby **do NOT give permission** for my minor child to be in video/photos/media/technology/audio.

_____ Parent/ Guardian Signature _____ Date

Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and **MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.** These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

I hereby **give permission** for my minor child to be contacted through social media or other electronic communications.

_____ Parent/ Guardian Signature _____ Date

I hereby **do NOT give permission** for my minor child to be contacted through social media or other electronic communications.

_____ Parent/ Guardian Signature _____ Date

If permission is granted, list preferred method of contact for parent/legal guardian and minor child:

Choice	Mode of Communication	Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____