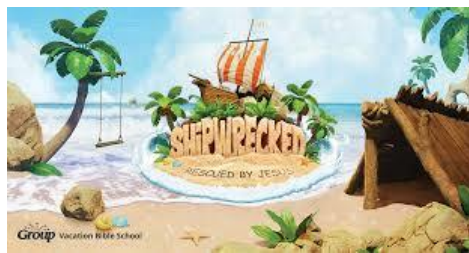


St. Edmond VBS 2018 Volunteer Form for Counselors

Grades 6 - 12

July 9-13, 2018 Camp Time: 8:00-12:00

Counselors are needed from 7:15-12:30 and must be registered in advance. Spots are limited.



Volunteer's Name: _____ Age at the Time of VBS: _____

Grade Completed This Year: _____

Middle School and/or Junior High students must have completed 6th grade in order to participate as a junior counselor.

Name of Parents and/or Guardians to Contact Regarding VBS:

Phone Numbers of Parents and/or Guardians to Contact Regarding VBS:

Primary Email Address (Parent or Guardian): _____

Please indicate if you are related to a child attending Vacation Bible School and name who he/she is

_____.

PLEASE CHECK AREA(S) OF INTEREST BELOW:

CREW LEADER _____ (Older Students) CREW HELPER _____

MUSICIAN OR SINGER _____ GENERAL HELPER _____

MISCELLANEOUS _____ OTHER _____

HELP CREATE DECORATIONS AND PREPARE MATERIALS IN ADVANCE FOR VBS _____

Contact Mrs. Rosemary at 981-0874 or rbenoit@st-edmond.org, if you have any questions.

_____ I AM UNABLE TO VOLUNTEER DURING REGULAR VBS HOURS BUT I AM AVAILABLE TO HELP WITH MAKING DECORATIONS AT NIGHT OR ON A WEEKEND.

Shirt Size: AS AM AL AXL AXXL Please circle one.

Shirts will cost \$10.00. PAID _____ CASH _____ CHECK # _____

PLEASE DON'T FORGET TO COMPLETE SIDE 2.

ST. EDMOND CATHOLIC CHURCH
VACATION BIBLE SCHOOL 2018

4131 West Congress Street Lafayette, LA 70506
337-981-0874

Photo and Medical Release Forms

PHOTO RELEASE

I, the parent/legal guardian of, _____, grant my expressed permission for the St. Edmond Catholic Church's Vacation Bible School Volunteer Staff to photograph my child while attending classes and/or participating in activities connected to our program.

___ Agree ___ Disagree I give permission for my child's photograph to be taken as per the above referenced activity.

___ Agree ___ Disagree I give permission for Mrs. Rosemary Benoit to exhibit photographs of my child taken at vacation Bible school, including digital images, and/or video and audio recordings during the closing activities each day in the Gathering Room.

Parents are invited to attend this closing presentation each day.

___ Agree ___ Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond website and Facebook page. Please note that no names of minors will be listed with any photographs.

By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against any and all claims, damages or suits which may arise from the use of these pictures taken during the 2018 Vacation Bible School.

Signature of Parent: _____ Date: _____

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ST. EDMOND CATHOLIC CHURCH SLIP/MEDICAL RELEASE

This is to inform you that _____ has my permission to attend and participate in all St. Edmond Vacation Bible School activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in any and all of such activities.

Signature of Parent: _____ Date: _____

ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM

Permission is hereby granted to the person in charge during St. Edmond Vacation Bible School to call 911 for ambulance and medical assistance for my child, _____, if deemed necessary. Every precaution will be taken to prevent accident or injury, however in the event of accident or illness I will assume financial responsibility for treatment of the above named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult chaperones financially liable.

Signature of Parent: _____ Date: _____