



VBS 2018 YOUTH Volunteer Application

June 25th – June 29th 2017 8:45 am-12:15 pm
FOR: Current (2017-2018) 6th to 12th Graders

June 24th, Sunday 12 noon until 3 pm
Training Meeting, Set-up and Decorating
All youth & adult volunteers will gather at the Parish Center
Lunch will be provided
*** No flip flops or short shorts.
Please bring a good attitude, energy and creativeness

FOR YOUTH APPLICANT (Please print clearly)

Applicant's Name _____ Current Grade: _____ School _____

Youth's shirt size (**circle only one**): Children size: M L XL **or** Adult size: S M L XL XXL

Youth's Email (optional): _____

I AGREE TO:

- | | |
|--|----------------------------|
| • Read & follow Youth Code of Conduct at all times - attached | Applicant's Initials _____ |
| • Work hard and follow ALL the rules and instructions | Applicant's Initials _____ |
| • Have a GOOD attitude, sing, and participate, set a good example | Applicant's Initials _____ |
| • Read ALL materials given to me | Applicant's Initials _____ |
| • Help set up and clean-up for all activities | Applicant's Initials _____ |
| • Wear capries or jeans, tennis shoes, VBS T-Shirt | Applicant's Initials _____ |
| • Stand in the hallway and wait when a <i>crew</i> is inside the restroom | Applicant's Initials _____ |
| • Release <i>crew</i> only to a parent or guardian or adult brother/sister | Applicant's Initials _____ |

ABOUT ME... I Play an instrument (specify) _____ I sing _____ dance _____

PARENT/GUARDIAN INFORMATION: (Please print clearly)

Parent/Guardian's Name _____

Email (needed): _____

Address _____ City _____ TX Zip _____

Home Telephone: _____

Father's Work Telephone: _____ Mother's Work Telephone: _____

Father's Cell: _____ Mother's Cell: _____

Questions? Call Faith Formation/Youth Ministry Office at 972-235-2598.

~~~~ **CONTINUE ON THE BACK** ~~~~

**In Case of Emergency:**

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone # : \_\_\_\_\_

**Insurance Information:**

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Applicant's Allergies & Other Medical Conditions:** \_\_\_\_\_

~ BRING PHOTO COPY of INSURANCE CARD with your application ~

**MEDICAL RELEASE:** *I hereby authorize the director of Vacation Bible School (VBS) to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release VBS staff and volunteers and St. Paul the Apostle Catholic Church and Dallas Diocese from all liability due to any injuries incurred while at VBS. I agree to be responsible for all expenses incurred.*

**MEDIA RELEASE:** *I give permission for use of my youth's photograph and videotape in connection with this event and other St. Paul promotions:* (Check one) \_\_\_Yes \_\_\_No

**Parent's or Guardian's Signature:**

\_\_\_\_\_ Date \_\_\_\_\_

**Send this form or bring it to:** Faith Formation/Youth Ministry Office at  
**St. Paul the Apostle Parish Center**  
**900 St. Paul Drive**  
**Richardson, TX 75080**

**Or drop off at:** St. Paul FF/YM mailbox at the school.