VACATION BIBLE CAMP

VOLUNTEER FORM

Monday, July 17- Friday, July 21, 2017

9:00 a.m.- 12:30 p.m.

Requirements of Volunteers:

- Must be 13 years of age and older.
- If 18 and older, must have gone through VIRTUS training and completed fingerprinting/background check. VIRTUS- APRIL 23
- Must have attended at least ONE training day.
  - Training dates: Saturday, May 14 **OR** Saturday, June 11 **OR** Saturday, July 16.

First Name: ______________________ Last Name: __________________________

DOB: ____/____/____ Age: ____

Cell Phone: __________________ Email: _____________________________

Address: _____________________ City: _______________ State: _____ Zip: ______

Adult T-Shirt Size (please circle one):

XS S M L XL XXL

Please put a checkmark in the area that interests you the most:

- O Crew Leader
- O Assistant Crew Leader
- O Station Leader
- O Assistant Station Leader
- O Kitchen/Clean-up
- O Registration Area
- O Set- up crew.
- O Technical assistance crew
- O Music/ Dance Crew
- O Photography
- O Videography
- O Decorating Crew
- O First Aid
- O Publicity
- O Other:

____

If you are between the ages of 13-17 and volunteering please fill this out.

EMERGENCY CONTACT: *Secondary Person to contact in case of emergency (adult of another household):*

Name: ____ Relation: ________________________________

Phone: (____) ______________________

MEDICATION NOTIFICATION:

Choose at least one:

□ My son/daughter will be taking a prescription medication.

Name of medication:_________________Dosage:________________Times per day:_____

□ My son/daughter will be taking a non-prescription medication.

Name of medication:_________________Dosage:________________Times per day:_____

□ My son/daughter will not be bringing any medications, but I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter, medications.

Notes:/Allergies/Medical Problems/Special Dietary Requirements:

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I, the Parent (guardian) of ___________________________, hereby give my permission for his/her participation in the youth ministry program. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Eparchy of Newton, its constituent organizations, including but not limited to the Melkite Catholic Bishop of Newton, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist, or licensed care staff.

PARENT/GUARDIAN'S SIGNATURE __________________________________ DATE: ____/____/____