

VOLUNTEER registration

Vacation Bible School

@ St. John the Baptist Catholic Church

2400 Mayport Rd. (904)246-6014

Rev. Rafael S. Lavilla, Pastor

Samantha Matthews, DRE

SAMatthews.STJOHN@outlook.com



Mandatory meeting:

July 21st 2pm-4:00pm

July 22-26th 8:30am-12:15pm

One form per Volunteer

Full Name: _____

Your email address: _____

Age: _____ **school Grade in fall:** _____ **gender M/F (adult) T-Shirt size:** _____

Where do you attend Religious Education? _____

Did you volunteer at VBS last summer? If so, what role: _____

Is there another VBS Volunteer that you would like to work with this summer? We will try our best to accommodate. Name: _____

What station(s)-choose 3 in order of preference would you like this SCUBA VBS?

_____ **Pre-K Crew: helping our littlest campers (4 year olds)**

_____ **Music & Dance Station: teaching dances to crews**

_____ **Crew Leader: guides group of children (campers) from Station to Station**

_____ **Snack Station: Read Bible story and helps crews with making their own snacks**

_____ **Cinema & Saints Station: shows short video clips and shares Saint of the day.**

_____ **Bible Adventures Station: Acts out Bible story of the day and discuss w/ crews.**

_____ **Imagination Station: Experiments, daily question charts & crafts w/ crews.**

(Turn over for parent information)

PLEASE PRINT CLEARLY!!

Father's full name: _____

Father's cell # _____ EMAIL: _____

Mother's full name: _____

Mother's cell # _____ EMAIL: _____

Child resides with (circle): **Both** **Father** **Mother** **Other** _____

Do both parents have legal access (circle): **YES** **NO** _____

Address: _____

What parish do you attend? _____

Alternate Contact Name: _____ **ph#** _____

Relationship to child(ren) _____

Photo Permission

I give my permission for my child's photograph to be taken during the **SCUBA VBS** to be used only for and at St. John the Baptist Catholic Church. Parent initial: _____

Emergency Medical Authorization:

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me:

Parent/Guardian Signature: _____

Our Vacation Bible School welcomes everyone and we encourage the Great Commandment: I understand that I will be respectful of everyone and will follow VBS Volunteer week expectations.

Volunteer sign: _____

Parents, if any behavioral situation arises with your child, we will contact you personally.

Parents please initial: _____