



St. Catherine Parish  
Parroquia de Santa Catalina

# Volunteer for Vacation Bible Camp Summer 2018!



## Half Day Camps

**Session I: June 18-22, 2018**

**Session II: June 25-29, 2018**

**8:00 am—12:30 pm**

- *Put God's love into action by working with our community*
  - *Serve as a Session Leader for kids PK-grade 5*
- *Work with awesome high school and middle school crew leaders*

**Registration forms are available online,  
at the Rectory or the Family Faith Formation Office.**

For further information on volunteering, please contact:

Dianna Lopez at (408) 779-9604 or by e-mail: [dlopez@dsj.org](mailto:dlopez@dsj.org)

*St. Catherine Church, Office of Family Faith Formation and Evangelization  
17400 Peak Ave, Morgan Hill, CA 95037 Tel: (408) 779-9604*

# ADULT VOLUNTEER REGISTRATION AND RELEASE FORM

**YES! I can volunteer for the following Vacation Bible Camp:**

**Session I: \_\_\_\_ June 18-22 or Session II: \_\_\_\_ June 25-29**

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Please circle T-shirt size: Adult S M L XL XXL

Area I Am Interested In:

<input type="checkbox"/> Pre School	<input type="checkbox"/> Bible Leader	<input type="checkbox"/> Snacks
<input type="checkbox"/> Kid Vid Cinema	<input type="checkbox"/> Imagination Station	<input type="checkbox"/> Sing and Play Leader (Skits)
<input type="checkbox"/> Games	<input type="checkbox"/> Spotlight Video	

Do you have a food allergy? Y N

If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Emergency Contact Person:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to me under the general care and advice of any physician, dentist, or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. By signing this form, I hereby grant permission for me to be photographed and/or videotaped during Vacation Bible Camp (VBC) at St. Catherine Church. I understand that I may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotape footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting VBC. **Please print "Photo Opt Out" by the signature if you do not want this permission granted.**

*All volunteers must have complete a background check and have completed the VIRTUS Safe Environment Training Online at least 2 weeks prior to the start date of Vacation Bible Camp.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE:</b>	Fingerprints Cleared _____	STV Certificate received _____
------------------------	----------------------------	--------------------------------