



VBS YOUTH VOLUNTEER FORM

(6th grade and older)

June 23-25 at 9:30 a.m. - Noon

Youth Volunteers are to arrive by 9:00 a.m.

Youth Volunteer Name: _____

Please put an X by the days you can assist and which activity is your preference:

Games _____

Crafts _____

Snacks _____

Music _____

Small Group Leader _____

Monday, June 23 _____

Tuesday, June 24 _____

Wednesday, June 25 _____

Age: _____ Grade Next Fall: _____ T-Shirt Size _____ (Adult or Youth size)

Parent's Email _____

Address: _____

Mother's Name: _____ Day Time Phone: (_____) _____

Father's Name: _____ Day Time Phone: (_____) _____

In an emergency and **unable to reach parents**, contact name: _____

Phone number: (_____) _____

Please list allergies and type of reaction: _____

Please indicate any other medical/physical conditions: _____

As parent/guardian of _____, I request and give my full consent for emergency care, treatment, and/or surgery, and authorize admission to a health care facility, as the treating physician may deem medically necessary, for my child. I expect to be contacted as soon as possible and advised prior to any further treatment by the hospital or doctor.

Parent Signature _____ Date: _____

Medical Insurance Co: _____ Contract #: _____ Group# _____

Current Medications: _____

PLEASE RETURN FORM BY JUNE 16 TO ENSURE WE HAVE ENOUGH VOLUNTEERS, THANKS!

Email Jen at dre.stjoseph@gmail.com for questions.