

Do you have any medical conditions, food allergies or special needs that we should be aware of?

Yes No (Circle One)

If YES, specify _____

In case of emergency, please contact:

Name: _____ Phone Number: _____

Relationship to Youth Volunteer: _____

By signing below, I agree to abide by the rules as detailed by the Directors and adult volunteers during Vacation Bible School

PRINT NAME of YOUTH VOLUNTEER

SIGNATURE

DATE

PARENTAL CONSENT: I give permission for my son/daughter to volunteer during Vacation Bible School including attending organizational meetings. I hereby release Immaculate Conception Church, all affiliate parishes of VBS, as well as the chaperones and coordinators from any and all liability for any injury or damages that my child may suffer while volunteering. By signing below, I understand and agree that my child may be photographed during the event and those photos whether moving or still may be released for publication at the discretion of the directors of VBS.

PRINT NAME PARENT/GUARDIAN

SIGNATURE

DATE

For Office Use Only:

Youth Minister/ Pastor:

___ I have known the above youth for _____ years. I affirm that they have the maturity and character to be a volunteer at Vacation Bible School.

___ I do not know the above youth well enough to refer them, but have spoken with their references. Their character references affirm that this youth has the maturity and character to be volunteer at Vacation Bible School.

___ I do not recommend the above youth as a volunteer at Vacation Bible School.

Youth Minister/ Pastor Signature _____ Date: _____