



VBS Volunteer Form

June 23-26, 5:30 – 7:30 pm

All Saints Catholic Church
3330 14th St. Lewiston, ID

Volunteers are needed in the following areas:
Cooks for dinner, teachers for Bible lessons, leaders and assistants
for music, crafts, games, and leading groups.

I am interested in helping in the following area: _____

Name _____

Address _____

Phone _____ Email _____

Best way and time to contact you _____

____ Yes, I want a T-shirt (\$5). Payment included with form. Adult shirt size (circle) S M L XL

**Youth only (6th-12th grade) **

Grade this fall _____

I give my child permission to be a volunteer at All Saints Vacation Bible School.

Parent signature: _____

Parents, please complete medical release form on the back.

*** All adult volunteers must be in compliance with the **Virtus** Safe Environment program mandated by Diocese of Boise. ***

____ I am currently up-to-date with the Safe environment program.

____ I am unsure of my status with Safe Environment program.

____ I will attend the live training on **Tuesday, June 10, at 6:30 pm** in order to meet the requirement.

Please turn in forms to the parish office ASAP. To ensure a t-shirt, return forms by June 5th.

Questions? Please contact Kristin Hardin at hardinkristin23@gmail.com



Medical Release Form

Name of event: _____

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of _____ (name of church) as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability _____ (name of church), any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home (_____) _____ Work (_____) _____

Health Insurance Company _____

Policy or Group Number _____ Phone (_____) _____

If parent/legal guardian is not available in an emergency, contact

Name _____ Phone (_____) _____

Regarding allergies, please indicate severity.

Please list any allergies. Include medications, foods, etc. _____

If your child has a food allergy, will you provide an alternate snack and or dinner? Yes ☐ No ☐

Does your child have any medical or special needs, including medications currently being used?

No ____ Yes ____ If yes, please explain. _____

Doctor's Name _____ Phone (_____) _____

Dentist's Name _____ Phone (_____) _____

Date of last tetanus shot _____ Birth date _____