



Paid Cash/Check # \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

**ST. MARK'S VBS VOLUNTEER FORM**  
**JUNE 20 – JUNE 24, 2011, 8:30 AM – 12:30 PM**

**PLEASE COMPLETE ENTIRE FORM**

(Please check one) \_\_\_\_\_ Volunteer (18 years & older) \_\_\_\_\_ Teen Volunteer: Age of Teen \_\_\_\_\_

Child Protection Training Video? Yes / No

EAPPS (Background Check)? Yes / No

Code of Ethics? Yes / No

CPR Certified? Yes / No

Name \_\_\_\_\_ Male / Female (circle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Is it OK to text you? Yes / No

E-mail address \_\_\_\_\_

2 Emergency Contacts:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

*I give my permission for authorities of St. Mark's VBS to seek medical assistance on behalf of my self/child/children. I also give my permission for my child's/children's picture to be used on the St. Mark's website and /or in any picture/video display relating to VBS.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone number \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

T-Shirt: Free for 5 day volunteers! \$6.00 for part-time volunteers.

Circle the days you can participate: M T W TH F T-Shirt Size \_\_\_\_\_

**Child Care for age 3 and under:** Free for Volunteers! Child's T-shirt can be purchased for \$6.00.

Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size: 2/4 or 6/8

Allergies/Medical Directions/Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size: 2/4 or 6/8

Allergies/Medical Directions/Special Needs \_\_\_\_\_

***ALL VOLUNTEERS WILL NEED TO ATTEND ONE OF TWO TRAINING MEETINGS BELOW:  
SATURDAY, JUNE 11, 2011 FROM 9AM – 12 NOON OR WEDNESDAY, JUNE 15, 2011 FROM 6:30 PM – 8:30 PM  
BOTH WILL BE HELD IN THE FATHER DEMARIA ACTIVITY CENTER.  
PLEASE CALL THE PARISH OFFICE TO CONFIRM ATTENDANCE AT ONE OF THESE TRAININGS. (647-8461)***