



**Our Lady of Guadalupe-Helotes
Vacation Bible School
(for ages 5 thru 5th grade)**

**July 15-19, 2019 (Mon.-Fri.)
9:00 AM-12:00 Noon**

ADULT & TEEN VOLUNTEER SIGN-UP FORM

_____ Teen Volunteer (Grade 6 & up)
Teen's Current Age: _____

_____ Adult Volunteer (age 18+)

Volunteer's Full Name: _____

Primary Contact #: () _____ Secondary Contact #: () _____

Email Address: _____

If you are a TEEN, Parents' Names & Numbers: _____
(Example: John & Jane Smith)

If different from above: () _____ () _____

If you are an ADULT, have you complied with the Archdiocese of San Antonio's Safe Environment requirements? _____ Yes _____ No

BEFORE & AFTER VBS, I am available to help with:

- _____ PREP DAY – Wed., July 10 from 1 PM-4 PM
- _____ PREP DAY – Thurs., July 11 from 1 PM-4 PM
- _____ PREP DAY – Fri., July 12 from 1 PM-4 PM
- _____ SET UP – Sat., July 13 at 1 PM
- _____ SET UP – Sun., July 14 at 1 PM
- _____ CLEAN UP – Fri., July 19 from 1 PM-2:30 PM (Lunch will be provided.)

DURING VBS, I would like to help with (Mark your 1st, 2nd, & 3rd choices, as spaces are filled quickly.):

Adult Opportunities

- _____ Team Leader (10 needed)
- _____ Craft Leader
- _____ Snack Leader
- _____ Games Leader
- _____ Drama Leader
- _____ Music Leader
- _____ Photographer

Teen Opportunities

- _____ Team Aide (10 needed)
- _____ Craft Aide
- _____ Snack Aide
- _____ Games Aide
- _____ Drama Aide
- _____ Music Aide

This Volunteer Form was received by _____ on _____
(Date)



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MEDICAL CONSENT AND PHOTO RELEASE FORM

Child's Full Name: _____

Does your child currently have any known illnesses? _____ Yes _____ No
If Yes, please list illness: _____

Does your child have any known allergies? _____ Yes _____ No
If Yes, please list all food, medication, or environmental allergies: _____

Is your child currently taking any prescribed medication? _____ Yes _____ No
If Yes, please bring all medications along with typed instructions that include dosage, frequency and storage requirements in a zip lock bag with your child's name on it to VBS each day.

Are all your child's immunizations current? _____ Yes _____ No

Does your child have any physical limitations or restrictions? _____ Yes _____ No
If Yes, please explain: _____

In the event of an emergency, please contact:

Name: _____ Relationship to child: _____
Primary #: () _____ Secondary #: () _____

I give permission for my child to be transported to a hospital or doctor's office, if it is deemed necessary.

Insurance Carrier: _____ Policy Number: _____

Does Our Lady of Guadalupe's Vacation Bible School program have permission to use your or your child's photograph publicly to promote VBS? _____ Yes _____ No
If Yes, I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. Parent's Initials: _____

By signing this form, I attest that I am _____'s parent or legal guardian and hereby confirm that all
(Child's Name)
information on this form is accurate and correct.

Print Your Name

Legal Signature

Date



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TEEN VOLUNTEER GUIDELINES FOR VBS

1. VBS Dress Code: T-shirt, jeans or shorts that are no shorter than 4 inches above the knee, and tennis shoes. No sleeveless shirts, or sandals. Violations of this dress code will result in the Teen being sent home.
2. Personal cell phones **MUST** be turned off and in your pocket during all VBS sessions from 9 AM to 12 Noon. No other electronic devices are allowed (iPods, iPads, tablets, earphones, etc.)
3. Snack breaks are to be taken **ONLY** in the designated Snack Area. No food or drinks are allowed in classrooms or outdoors.
4. You **MAY NOT LEAVE** the church grounds under any circumstances **UNLESS** you check with your designated Area Leader. You **MUST NOT** leave your designated area and walk around the church property, walk to the flood plain, or go into any empty classroom with other Teens. If you are not where you belong or not following this guideline, we will call you parents to come pick you up.
5. If you encounter a problem or have a conflict with another Teen, please let your designated Area Leader know immediately.
6. If you are unable to attend VBS due to illness or personal appointment, please contact Cindy Ferguson as soon as possible at (210) 865-8877. You may leave a voicemail message if necessary.
7. Please **DO NOT** go to the Parish Office for supplies, or to use the phone. Come find Cindy Ferguson in the back office across from the Guadalupe Room.
8. Please keep track of your Volunteer Hours for school purposes. Please bring your Volunteer Service Hours forms on Friday for Cindy Ferguson's signature.
9. Please wait to make your crafts until we are sure that there are enough crafts for the children.
10. On Friday, you may take home a picture of your Group, or of the Area/Station that you worked in.

THANK YOU for giving of your Time and Talent to help us with VBS!

Teen's Printed Name

Teen's Signature

Date

Parent's Printed Name

Parent's Signature

Date