



LAST NAME:	_____
Date Received:	_____
Cash/Online/Check #	_____

Application for Volunteer Work

VBS STUDENT VOLUNTEER

(Grades 7 and up only)

Name: _____ Grade: _____
 Date of Birth: _____ Age: _____
 Address: _____
 City, State, Zip Code: _____
 Home Phone: _____ Cell phone: _____
 Email Address: _____
 Emergency Contact Name: _____ Cell Phone: _____
 Parishioners? (circle one) Yes/No Need Service Hours for Confirmation? Yes/No
 Person(s) authorized to pick up your child: _____
 Previous Volunteer Experience: _____

References: (Non-family members who are knowledgeable of your work or service experience)

Name:	Phone Number:
1) _____	_____
2) _____	_____
3) _____	_____

Assignment Preference: (Please mark 1st, 2nd, and 3rd choices.)

Registration	
Pre-K 3	
Pre-K 4	
Kindergarten	
1st Grade	
2nd Grade	
3rd Grade	
4th Grade	

5th/6th Grade	
PE	
Music	
Arts and Crafts	
Faith	
Snacks	
Assembly	
Floater	

**Additional Volunteer Information for VBS
And Medical Release Form**

Student Volunteer Name:

Volunteers will be wearing the Same *Blue* VBS staff T-shirts as last year.

Have a shirt from last year? Yes/No

Order a T-shirt? Yes/No (T-shirts: \$7.00 each)

If yes, indicate size: Youth XL Adult sizes – Small/Medium/Large/XL

How many? \$7x ____=Total \$ _____

Medical Release: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(If the following statements pertaining to medicals matters for your child, sign only in accordance with your wishes.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the physician selected by the Diocesan representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and or anesthesia and/or surgery for my child named on this form.

Medications, Allergies, Physical Disabilities or Comments:

Family Doctor: _____ **Phone Number:** _____

Family Health Plan: _____ **Policy Number:** _____

Other Medical Treatment: In the event it comes to the attention of the Diocese of St. Augustine's employees, volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child per directions.

Eligibility to Participate: The child listed above is eligible to participate in this parish sponsored event under the guidance and supervision of employees/volunteers from Holy Spirit Parish. If you would like your child to participate in this event, please read, complete, sign, and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Erik T. Pohlmeier, as bishop of the Diocese of St. Augustine, a corporation sole, Bishop Erik T. Pohlmeier, individually, the above noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death caused by negligence or otherwise, while the child is engaged in the above event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be a broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent/Guardian Signature: _____ **Date:** _____