



## Adult Volunteer Form for Vacation Bible School 2018

June 25-29, 9 AM-12 PM at St. Joseph's Church, 531 N. Main Street, Brewer

Name: \_\_\_\_\_

PGC Certified (circle one): Yes / No [Required~ up to date status on VIRTUS emails]  
(Note ~ if you are not certified in Protecting God's Children you must become so before volunteering . Contact the Parish Office for date of the next class 217-6740.)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*Email is our primary method of communication*

T-shirt size: \_\_\_\_\_ (Adult small, medium, large, xlarge)

If able to help with planning VBS, what days/times work best for meetings?

\_\_\_\_\_

Would like to volunteer with (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crew Leader     | <input type="checkbox"/> Station Leader     | <input type="checkbox"/> Set up/decorating |
| <input type="checkbox"/> Preschool group | <input type="checkbox"/> Registration/Sales | <input type="checkbox"/> Food Prep         |
| <input type="checkbox"/> Music/Skits     | <input type="checkbox"/> At Home Prep/Decor | <input type="checkbox"/> Anywhere needed   |
| <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Behind the scenes  | <input type="checkbox"/> Breakdown         |

Comments:

\_\_\_\_\_

## Waiver:

- I. In consideration for the opportunity to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Portland, St. Paul the Apostle Parish and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Portland, St. Paul the Apostle Parish, nor said agents, employees, or volunteers, shall be held responsible for any claim, liability, injury, illness or death incurred as a direct or indirect result of my participation in this activity. I further assume full responsibility for any risk of personal or property damages arising out of or related to my participation in this activity and throughout the duration of the event.
- II. I the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I agree to abide by all the rules as outlined in the Code of Behavior/Ethics. The Diocese and Parish will not be liable if I fail to cooperate with said rule. Any infractions by me may result in my immediate dismissal from this event. I understand I am legally responsible for the behavior of myself.
- III. In the event of an emergency, I hereby authorize the Diocese of Portland and St. Paul the Apostle Parish through its authorized representatives, to transport myself to a hospital, office, or medical facility for emergency medical attention. I additionally authorize such representatives of the Diocese, parishes to obtain and give consent to whatever medical treatment the representative deems necessary, and do hereby release the Diocese of Portland, St. Paul the Apostle Parish and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. Further, I agree to accept any and all financial responsibility because of scheduling such care. I wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.
- IV. I hereby give my consent without reservation to use, assign, convey, reproduce, copyright or publish my name, voice, image, and/or likeness that arises from my participation in this event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the sole discretion of the Diocese of Portland and any of its affiliated organizations, including, but not limited to Harvest Magazine, St. Paul the Apostle Parish and media outlets to use my name and/or my photographs for promotional, news, or public relations purposes in print and/or electronic media.
- V. Should I the undersigned desire to alter words or sections of this waiver, I will fill out a separate waiver written by the parish. To inquire as to if said revised waiver is possible with a meeting of minds, I will make a written inquiry with my objections to this waiver to:  
Faith Formation Dept. 207 York St. Bangor, ME 04401

Adult Name (Printed): \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Call 217-6584 or visit the VBS website:**  
<http://stpaulbangor.me/vacation-bible-school>

~Please return this form to the parish office~

