

Jr. High & High School Volunteers ~
Join your friends this summer to serve God at
Vacation Bible School 2018!!



VBS week: June 25-29 from 9 AM-12 PM
Deadline to register June 15th!

St. Joseph's Church, 531 N. Main Street, Brewer
~ Please Print Neatly and Complete Both Sides ~

VOLUNTEER INFORMATION:

Volunteer Name: _____

Age at VBS: _____ Last school grade completed '18: _____ Sex: M/F

Mailing Address: _____

City: _____ Zip: _____

Phone: (H) _____ (Student Cell) _____

Student's Email Address (if applicable): _____

Best to reach by: home phone cell phone email

**Email is our primary method of communication*

T-shirt size: _____ (Adult Small, Medium, Large, or X-large)

My preference (not guarantee) is to volunteer as (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Bible Discovery Skits | <input type="checkbox"/> Anywhere needed |
| <input type="checkbox"/> Preschool Crew Leader | <input type="checkbox"/> At-home prep/decor | <input type="checkbox"/> Take down/clean up |
| | <input type="checkbox"/> Set up/Decorating week | <input type="checkbox"/> _____ |

PARENT INFORMATION:

Parent Name: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: (H) _____ (Cell) _____

Parent's Email Address: _____

(Email is our primary method of communication.)

Child's Health/Allergies: _____

Emergency Contact Name: _____

Relationship: _____

Phone: (H) _____ (Cell) _____

Insurance Card: yes / no (please submit copy)

Comments: _____

*Please finish the form by signing the liability waiver on the back and returning this to the parish office.

Waiver:

- I. In consideration for the opportunity for me/my child to participate, and fully recognizing that such an undertaking involves an element of risk, we 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/my child's participation in this activity. I further assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this activity, including any acts of negligence or otherwise from the moment that my child is under St. Paul the Apostle's employees, agents or volunteers supervision and throughout the duration of the event.
- II. I/We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I/my child 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 /my child fail/fails to cooperate with said rules. Any infractions by me/my child may result in my/my child's immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand I am legally responsible for the behavior of myself/my child.
- III. In the event of an emergency, I/we hereby authorize the Diocese of Portland and St. Paul the Apostle Parish through its authorized representatives, to transport myself/my child to a hospital, office, or medical facility for emergency medical attention. I/We 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/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.
- IV. I/we hereby give my/our consent without reservation to use, assign, convey, reproduce, copyright or publish my/my child's name, voice, image, and/or likeness that arises from my/his/her 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 the name of me or my child and/or my/his/her photographs for promotional, news, or public relations purposes in print and/or electronic media.
- V. Should I/we 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

Youth Volunteer's Name: _____

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____ Date: _____

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

Please return form to the parish office

