

# Adult Volunteer Form

NAME: \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

Have you attended a Virtus Training (18 and older):    YES    NO

If so, approximately how many years ago? \_\_\_\_\_



**June 17 - 21, 2019**

Please indicate all you can help with:

\_\_\_\_\_ CREW LEADER    \_\_\_\_\_ KITCHEN ASSISTANCE    \_\_\_\_\_ OTHER

\_\_\_\_\_ SET-UP/DECORATING (Week before)    \_\_\_\_\_ CLEAN-UP (Last Day)

## MEDICAL

I, \_\_\_\_\_, do hereby give permission to the staff of Queen of Heaven VBS to treat as necessary any accident received on the premises. Serious treatment will be referred to:

Physician: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

Signed by: \_\_\_\_\_ date: \_\_\_\_\_

Any allergies? \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship \_\_\_\_\_