

Youth / Teen Volunteer Form

NAME _____

EMAIL _____

PHONE _____

AGE: _____ Grade in Fall 2019 _____



Please indicate any area in which you would like to help:

June 17 - 21, 2019

_____ CREW LEADER (HS) _____ ASSISTANT CREW LEADER (MS)

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

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____

MEDICAL

I, _____, parent/guardian of

_____, 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: _____

Any allergies? _____

PHOTO ACKNOWLEDGEMENT AND CONSENT:

I give permission for photographs in which my child appears to be used for slideshows and/or emailed to participating families through daily updates from Queen of Heaven VBS.

Printed name of Parent/Legal Guardian _____

Signature: _____