

Valley Catholic Kidz Camp: The Vatican Express
St. Joseph, Otis Orchards, WA, Aug 2-6, 2021, 9:00 am – 12:30 pm
St. Joseph, St. Mary, St John Vianney & St. Paschal Parishes

Volunteer Form:

Name: _____ PARISH _____

Home Address: _____

Phone Number(s): _____

Email: _____

I am an Adult (college-aged or above) or Youth (entering grades 7-12)

Please check each box if you agree:

	I am willing and able to commit to serve the youth and families of the Spokane Valley Catholic Parishes by preparing for and attending the meetings/events I agree to help with
	I am willing and able to complete a background check (if I haven't already), receive training and guidance, and check in with the Director of Faith Formation with any concerns
	I am willing and able to follow all rules, policies, and practices that protect our children, express our faith and virtue, and build up the Church, including its teachings, rules about safety, confidentiality, and protection.

Please indicate the position for which you are interested in serving:

	Leader for Grade(s) _____ Please, fill in grade(s) PreK-6 in order of preference
	Helper for Grade(s) _____ Please, fill in grade(s) PreK-6 in order of preference
	Music: <input type="checkbox"/> Leader <input type="checkbox"/> Helper
	Skits: <input type="checkbox"/> Leader <input type="checkbox"/> Helper
	Crafts: <input type="checkbox"/> Leader <input type="checkbox"/> Helper
	Bible/Storytime: <input type="checkbox"/> Teacher <input type="checkbox"/> Helper
	Outdoor Recreation Games: <input type="checkbox"/> Leader <input type="checkbox"/> Helper
	Kitchen Crew/Snack Servers: <input type="checkbox"/> Helper
	Environment/Decorations: <input type="checkbox"/> Leader <input type="checkbox"/> Helper
	Photographer: <input type="checkbox"/> Leader <input type="checkbox"/> Helper

If youth (grades 7-12 or college-aged), please have parent sign this form and fill out the medical release form as well.

Parent signature

Date

Please, write the name and contact info of someone you know and recommend, who might be able to volunteer:

Medical Release Form

Name of Event: The Vatican Express – Valley Catholic Kidz Camp

August 2 – 6, 2021, 9:00am-12:30pm (plus Mass Friday at 8:30am) at St. Joseph Catholic Church, along with St Mary Church, St. John Vianney Church and St. Paschal Church

I (we) the undersigned parent(s) or guardian(s) of _____ a minor,

(and _____ also minors)

Do hereby authorize adult staff and volunteers of St. Joseph Catholic Church, St. Mary Catholic Church, St. John Vianney Catholic Church and St. Paschal Catholic Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability of St. Joseph Catholic Church, St. Mary Catholic Church, St. John Vianney Catholic Church and St. Paschal Catholic Church, any of its ministries or leaders in the event of an accident in route, during and returning from the above-mentioned event. This agreement does not apply to claims of intentional misconduct or gross negligence.

Date signed: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (sign): _____

Address (include city, zip): _____

Emergency Phone #'s: _____

Health Insurance Company: _____

Policy or Group #: _____

If parent/legal guardian is not available in an emergency, contact:

Name/Phone #: _____

Please list any allergies and indicate severity:

If your child has a food allergy, will you be providing an alternate snack? _____

Does your child have any medical conditions or special needs, including medication currently being used?

Doctor's Name

Phone #: _____

Dentists Name

Phone #: _____

Birthdate: _____

Date of last Tetanus Shot: _____