

**Our Lady of Mercy  
Vacation Bible School  
Youth Volunteer Form  
August 5-9, 2019**



**Program Information:** This year's theme is **ROAR! – Life is wild \* God is good**. At ROAR! VBS will help kids explore God's goodness and celebrate a ferocious faith that powers them through this wild life!

**Volunteer Information:**

**WHO is eligible to volunteer?** Those entering 6<sup>th</sup> grade or older.

**WHAT will volunteers do?** Work with children attending VBS as crew leaders (who will partner with another volunteer and lead a crew of 10-12 kids) and crew staff in the areas of drama, experiments, games, music, preschool and snacks.

**WHERE & WHEN?** Here at OLM of course! You must be available to help all five days of VBS (August 5-9 from 8:45-12:15), clean-up on the last day AND attend a training/kickoff party on Sunday August 4 at 6:30.

**WHY?** Yes, the service hours are great - but it is a wonderful way to share of your time, gifts and faith!

**HOW?** Please complete the following information (back of page too!) and **return it to the RE office by FRIDAY, MAY 31ST**. ← **THIS IS VERY IMPORTANT**. Once we have received your completed volunteer form, please plan to participate. If we have more volunteers than we are able to accommodate, you will be notified that your name has been placed on a waiting list.

Thank you for your interest in volunteering!

YOUTH NAME: \_\_\_\_\_ GRADE IN 2019/20 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT DURING VBS: \_\_\_\_\_ EMERGENCY PH. \_\_\_\_\_

EMERGENCY CONTACT'S RELATIONSHIP TO YOUTH VOLUNTEER: \_\_\_\_\_

EMAIL (PLEASE PRINT): \_\_\_\_\_ (YOUR EMAIL INFO WILL BE KEPT PRIVATE AND FOR THIS YEAR'S VBS USE ONLY.)

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_ T-SHIRT SIZE: (CIRCLE ONE) AS AM AL AXL 2X

**Medical and Photo Permission:** 1) I grant permission for administration of First Aid to my child(ren), if needed, by the adults in charge of VBS. 2) As a parent and/or guardian, I authorize the treatment of my minor child(ren) by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if I am delayed. I authorize the Parish authorities to send my child (properly accompanied) to an available hospital or physician. This consent is granted only after a reasonable effort has been made to reach me. 3) I understand that video and still photographs may be taken and used for future promotional efforts, but **NO CHILD WILL BE IDENTIFIED BY NAME**.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*I will be available all five days from 8:45-12:15 (8/5-8/9) of VBS and the training/kickoff session on 8/4. At training I will be instructed in appropriate conduct detailed in the Diocese of Joliet *Standards of Behavior for Those Working with Minors* and agree to behave accordingly.

VOLUNTEER AREA PREFERRED (NUMBER YOUR TOP 3 PREFERENCES i.e.: CREW 2 MUSIC 1 GAMES \_ EXPERIMENTS 3 DRAMA \_ SNACKS \_ PRESCHOOL)

CREW LEADER \_\_\_ DRAMA \_\_\_ EXPERIMENTS \_\_\_ GAMES \_\_\_ MUSIC \_\_\_ PRESCHOOL \_\_\_ SNACKS \_\_\_

YOUTH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FILL OUT REVERSE SIDE**



### APPLICATION FORM FOR MINORS SERVING AS VOLUNTEERS

#### BACKGROUND INFORMATION

There is a growing public awareness that the safety of minors is a top priority for organizations and institutions that educate and support them. The Church through its local parishes is one of those institutions. As such, it is important that the volunteers who work with our children are a good fit to minister in those positions. This form is available to be filled out by all minors, but must be filled out by High School youth.

The information requested herein is to be furnished by high school volunteers who are minors (until Sept. 1 after graduating from High School) involved with children on a regular basis, in roles that include, but not limited to coach's assistants, classroom aides, catechists, choir helpers, Jr. High youth ministry helpers, etc. (even though it may be a single occurrence). All such volunteers must complete this form before undertaking their duties.

#### PERSONAL DATA (please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

#### EXPERIENCE WITH YOUTH

Two references from adults who can attest to your character are to be provided. References may be from a current or former teacher, or from a school administrator or a member of the parish staff.

References: Name	Years Known	Title	Phone	Staff only Date Contacted
1			( )	
2			( )	

#### CERTIFICATION AND AUTHORIZATION

I hereby authorize investigation of all statements contained on this form and certify that all information included herein is complete and accurate. I understand that my continuance as a volunteer is dependent upon verification of my statements and that a misstatement of fact would be grounds for my immediate discharge as a volunteer. I also certify that I have been instructed about appropriate conduct detailed in the Diocese of Joliet *Standards of Behavior for Those Working with Minors* and that I agree to behave accordingly.

\_\_\_\_\_  
Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to serve as a volunteer at \_\_\_\_\_

\_\_\_\_\_  
Parish/School/Agency \_\_\_\_\_ City/Town \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return to leader of parish program for which you are volunteering.*