



The Queen of Heaven Express is leaving the station! Mysteries & Messages Revealed at Each Stop!  
 Discover how Mary brings us closer to Jesus through the POWER of the ROSARY

**St. Mark VBS**  
**ADULT VOLUNTEER Registration**  
**July 17-21, 2017 8:45am-12:15pm**  
**(Registration ENDS June 12, 2017)**

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 STREET ADDRESS CITY ZIP

Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Children in VBS \_\_\_\_no\_\_\_\_yes – Grades: \_\_\_\_\_

Please fill out a separate registration form for children.

Teen helpers in VBS \_\_\_\_No \_\_\_\_Yes

Please fill out a separate registration form for teens.

I would like to help with: (Placement based on request and on where most needed.)

- |                    |                             |                           |                  |
|--------------------|-----------------------------|---------------------------|------------------|
| _____ Nursery      | _____ 1 <sup>st</sup> grade | _____ 5 <sup>th</sup>     | _____ Art/Crafts |
| _____ 3 year olds  | _____ 2 <sup>nd</sup> grade | _____ Snacks              | _____ Games      |
| _____ 4 year olds  | _____ 3 <sup>rd</sup> grade | _____ Music               | _____ Sno Cones  |
| _____ Kindergarten | _____ 4 <sup>th</sup> grade | _____ Drama/Bible Stories |                  |
| _____ Decorations  |                             | _____ T-Shirt s           |                  |

**I realize all of the above positions require a five day commitment the week of VBS.**  
**I will also attend one training meeting at the end of June if this is my first time to participate in VBS.**

**MUST BE SAFE ENVIRONMENT SCREENED/TRAINED TO PARTICIPATE.**

**Signature:** \_\_\_\_\_

T-Shirt Size: Adult S M L XL XXL

**CONTINUED**

## Adult Emergency Contact and Medical Form

Contact 1: \_\_\_\_\_  
Last Name First Name

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Relationship \_\_\_\_\_

Contact 2: \_\_\_\_\_  
Last Name First Name

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Relationship \_\_\_\_\_

Medical Insurer \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_ Drug Allergies \_\_\_\_\_ Asthma \_\_\_\_\_

Current Medications \_\_\_\_\_

### WAIVER/AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I, who by law may do so, authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken during this event. I will not hold St. Mark the Evangelist Catholic Church, members of the staff or volunteers responsible for accidental harm or injury that may occur during this event. I understand that, in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form immediately.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

### St. Mark Safe Environment Requirements

All adult volunteers (18 years and older) must have completed a Safe Environment Screening and Training program. In order to volunteer you must meet the following criteria:

-Background Screening Information on file at St. Mark. (If you are from another parish, contact parish and give permission for your Screening information to be shared with St. Mark. Attention: Linda Sartor, c/o St. Mark.

-Annual Training program. (If you are from another parish, contact parish and give permission for your Training information to be shared with St. Mark. Attention: Linda Sartor, c/o St. Mark.)

-Complete Background Screening if this has never been done. Go to St. Mark website "Safe Environment", [www.stmarkplano.org](http://www.stmarkplano.org).

-Interview with St. Mark Staff after completing Screening packet.

-Complete Initial Training – this information also found on St. Mark website.

\*\*If you are a returning volunteer – your only requirement is to update Annual Training.