



**GOD IS YOUR PILOT DURING  
FUN-FILLED DAYS  
OF CATHOLIC KIDZ CAMP**

**St. Mark VBS ADULT VOLUNTEER Registration  
July 16-20, 2018 8:45am-12:15pm  
(Registration ENDS June 11, 2018)**

\_\_\_\_\_  
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 | _____1 <sup>st</sup> -5 <sup>th</sup> grade |
| _____Decorations  | _____Drama/Bible Stories for PreK-Kinder |                          |   |

**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 – contact Linda Sartor at 972-423-5600 or [LSartor@stmarkplano.org](mailto:LSartor@stmarkplano.org)

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