



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

**St. Mark VBS Teen Application
6th grade – High School, 2018/2019
July 16-20, 2018 8:45am-12:15pm
(Registration ENDS June 11, 2018, enrollment limited)**

NAME: _____
Last Name First Name

ADDRESS: _____
STREET CITY ZIP CODE

TEEN CELL PHONE _____

TEEN EMAIL _____

Grade You WILL Attend in 2018/2019 School Year: _____

My Volunteer Preferences are: *(CIRCLE 3 Choices, listing in 1, 2, 3 order of preference)*

Please try to put me with _____

___ Nursery (3 teens)	___ PreK/Kindergarten (15 teens)	___ 1 st Grade (12 teens)
___ 2 nd Grade (12 teens)	___ 3 rd Grade (6 teens)	___ 4 th Grade (6 teens)
___ 5 th Grade (6 teens)	___ Snacks (6 teens)	___ Bible Teach/Drama (12 teens)
___ Music (12 teens)	___ Crafts (6 teens)	___ Games (6 teens)
___ Music w/PreK-Kindergarten children (3 teens)	___ Bible Teach/Drama w/PreK-Kindergarten children (3 teens)	

Why do you want to participate in VBS? (This question must be completed by teen in order to participate.)

I realize all of the positions require a five day commitment the week of VBS. I will attend one meeting before VBS, in June in the Parish Center, date to be determined.

**NO CELL PHONES ALLOWED DURING VBS HOURS,
CELL PHONES WILL BE COLLECTED DAILY.**

Signature of Teen Volunteer _____

T-Shirt Size: **Youth** - M L or **Adult** - S M L XL XXL

Cost of T-Shirt + snacks is \$15.00 Paid Cash _____ Paid Check _____

Make checks payable to St. Mark.

Teen Emergency Contact and Medical Information

Parent 1: _____
Last Name First Name

Parent's Home# _____ Email _____

Cell# _____ Work# _____

Parent 2: _____
Last Name First Name

Parent's Home# _____ Email _____

Cell# _____ Work# _____

Medical Insurer _____

Policy# _____ Group# _____

Medical Conditions _____

Allergies _____ Drug Allergies _____ Asthma _____

Current Medications _____

Special Needs _____

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.

Parent Signature is required Date