

**TEEN VOLUNTEER APPLICATION**  
**Vacation Bible School @ Resurrection Parish — August 6-10, 2018**  
 (For teens entering 6<sup>th</sup> through 12<sup>th</sup> grades in the fall of 2018)  
**This 2 Page application must be FILLED OUT ENTIRELY, SIGNED & RETURNED to Resurrection Parish on or before June 20, 2018**

**TELL US ABOUT YOU** (Please fill out all sections and Please print clearly.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (Sept. 2018): \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parish Member: Resurrection \_\_\_\_\_ St. Matthew \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

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Please list in order of interest the top 3 areas of VBS you would like to assist in. (NOTE: The VBS leadership team will try to place you in your requested area, but we need team players willing to serve where they are needed most!)

Drama \_\_\_\_ Music \_\_\_\_ Games \_\_\_\_ Snacks \_\_\_\_ KidVid \_\_\_\_ Crafts \_\_\_\_ Crew Leader  
 \_\_\_\_\_

**T-shirt size (Circle One)**    S    M    L    XL    XXL    (All Adult Sizes)

**TEAM AGREEMENT**

It is our desire to have a great VBS for the kids and staff! The success of our program depends on the attitudes and conduct of our team. By signing below, you agree to conduct yourself in a Christ-like manner, to be encouraging & upbeat, avoiding gossip & unkind words. You are also agreeing to be on time, to work hard & to do all you can to make VBS the best it can be, to the glory of God! You also are expected to attend our VBS Bash on July 28 2018 from 6-8pm & **if you are 18 years old on or before August 10, 2018, you must become certified in "Protecting God's Children."** We are excited and grateful to have you as a part of our awesome team!

Volunteer signature \_\_\_\_\_

Date \_\_\_\_\_

## **EMERGENCY MEDICAL CONSENT**

I, \_\_\_\_\_, parent of \_\_\_\_\_  
request Resurrection Parish, 651 Millbrook Avenue, Randolph, New Jersey  
07869, to accept my child into its Vacation Bible School. I do hereby give  
permission to the personnel (parish staff and volunteers) of Resurrection  
Parish to administer, secure and/or authorize such emergency medical care  
and/or treatment, including, but not limited to, the use of an Epi pen, as my  
child may require while under the supervision of said parish personnel. I  
also agree to pay all costs and fees related to said emergency medical care.  
I release, hold harmless and discharge Resurrection Parish, its officers,  
employees and personnel from any and all liability, claims, losses, damages,  
costs and/or expenses resulting from said emergency medical care,  
including, but not limited to, the use of an Epi pen.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **ALLERGIES**

**Does your child have allergies?**

**If yes, please provide details:**

**Does your child require medication?**

**If yes, please provide details: (i.e., Epi pen, etc.)**

*If your child has an allergy, an additional medical consent form will be  
emailed to you for your signature.*

## **WEBSITE PHOTO/VIDEO WAIVER**

I, \_\_\_\_\_  
\_\_\_\_\_  
(Print Name of Parent /Guardian)  
give my permission for the posting of  
photos or video on the Resurrection  
Parish Website that may contain my  
son/daughter. Photos/Video may  
include a caption describing the  
activity. Photos or video will not  
contain the last name, home  
address, or telephone number for  
any child involved. This permission  
will be in effect until I request a  
change in writing.

*\*Please Note: We will honor your  
request to decline consent but  
please consider there will be large  
group photos taken throughout the  
week and your child may feel left out  
if unable to participate.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_