



Teen Volunteer Form St. Cecilia's 2023 Vacation Bible School

Volunteers are accepted on a first come first serve basis. Forms are dated as they arrive until the maximum number is reached.

Volunteer Time Commitment:

1. Monday, June 12th to Friday, June 16, 2023 – 8:30 a.m. – 12:30 p.m.
2. In-Service Training – Friday, June 9, 2023, 10:00 a.m. to 12:30 p.m. (includes lunch)

Full Name: _____ Grade Fall 2023: _____ Age: _____

E-mail (student): _____

E-mail (parent): _____

Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name _____ Number _____

T-Shirt Size (Adult): S M L XL

Please Number your Top 3 Volunteer Interests:

Crew Leader (high school age)	_____	All-Star Games Helper	_____
Asst. Crew Leader (middle school age)	_____	Spotlight VBS Photographer Helper	_____
Sing & Play Blast Off Helper (Music)	_____	Galactic Snacks Helper	_____
Kid Vid Cinema Helper	_____	Stellar Bible Adventures Helper	_____
Imagination Station Helper (Experiments)	_____		

Are you willing to volunteer in other areas other than your choices? YES NO

Why do you want to be a member of the Stellar VBS team? _____

Cell Phone: During the time you are volunteering in Stellar St. Cecilia VBS 2023, the use of cell phones is not permitted. You will be asked to turn your phone in if you use it while you are volunteering. Please initial that you have read this notice and that you understand it and agree.

Today's date: _____

Please return or email this form to Cecilia Morillo at the Parish Office or, to cmorillo@saintcecilia.org at your earliest convenience so you can confirm your spot.

2023 PARENT / GUARDIAN CONSENT FORM

Important: both sides of this form are to be completed by the parent or legal guardian of children under 18 years of age.

MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of St. Cecilia Catholic Church to seek emergency medical transport or treatment for my child/ren named below. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relationship _____ Phone (_____) _____ - _____

Family Doctor _____ Phone (_____) _____ - _____

Insurance Phone Number (_____) _____ - _____ ☐ Check here if not insured

List medical conditions, medications, and life-threatening allergies: _____

In the event of any accident or injury, I agree on behalf of myself, my child/ren other parent if known or living (name of parent) _____ the child/ren named below, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, its pastor or any representative of Faith Formation and Youth Ministry, unless the parties involved were careless and negligent.

Signature of Parent /Guardian _____ **Date** _____

VIDEO /PHOTOGRAPH CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Vacation Bible School. I give permission for my child's pictures (named below) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight these classes or activities. My child's name will not be released without further consent.

Signature of Parent /Guardian _____ **Date** _____