



SS. Philip and James Parish  
Vacation Bible School  
June 16 to June 20, 2025  
9:15 AM to 12:15 PM

**ADULT VOLUNTEER FORM**

Please complete both pages.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

T-shirt size: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_  
AX \_\_\_\_\_ AXL \_\_\_\_\_

**MEDICAL RELEASE**

SS. PHILIP AND JAMES VACATION BIBLE SCHOOL JUNE 16 TO JUNE 20, 2025

I, \_\_\_\_\_, authorize adult volunteers and employees of SS. Philip and James Parish, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release SS. Philip and James Parish and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Please continue on next page.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Please list any  
allergies (food and medication): \_\_\_\_\_

\_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

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

