



**Teen VBS Volunteer Registration 2026
[Entering 6th grade - high school]**

July 13 – 17 from 8:45 AM – 12:15 PM

Registration ENDS June 5

**VBS location - St. Mark Parish Center
Teen registration limited to 50 teens.**

Teen Name _____

_____ Last Name

_____ First Name

Address _____

_____ Street

_____ City

_____ Zip Code

Teen (or parent) Cell Phone _____

Parent Email _____

Grade You WILL Attend in 2026/2027 School Year: _____

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

Please try to put me with (name of friend) _____

	___ PreK/Kindergarten	___ 1 st Grade
___ 2 nd Grade	___ 3 rd Grade	___ 4 th Grade
___ 5 th Grade	___ Snacks	___ Bible Teach/Drama
___ Games/Sno Cones (outside parking area)	___ Crafts	___ Music (inside)

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

I realize all the positions require a five-day commitment the week of VBS. I will attend one VBS Orientation meeting on Tuesday, June 30 in the Parish Center, more info. to follow.

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 \$40.00

Paid Cash _____ Paid Check _____

Make checks payable to St. Mark.
DELIVER Completed Registration & Payment to Parish Office or mail to
1105 W. 15th Street, Plano TX 75075, ATTN: VBS

Teen Emergency Contact and Medical Information

Parent 1: _____
Last Name First Name

Parent's Cell # _____

Parent 2: _____
Last Name First Name

Parent's Cell # _____

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