

VBS VOLUNTEER INFORMATION

Family Name _____ Phone _____
 Address/City/Zip _____

| Volunteer Name | Adult or Your Grade? | Availability? FULL/PART | *VIRTUS Trained? *Background Check? | **Area of Interest? |
|----------------|----------------------|-------------------------|-------------------------------------|---------------------|
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*In accordance with Archdiocesan guidelines, all volunteers over the age of 18 need to have a background check. Additionally, certainly specific VBS positions require Virtus training. Please indicate whether you have attended VIRTUS training or submitted background check.

**List one area of interest - - Crafts, Music, Games, Childcare, Bible Story, Counselor, Art Camp, Soccer, Special Needs, Pre-VBS Prep Work, or Anywhere Needed.

I NEED CHILDCARE FOR MY YOUNGER CHILD(REN) YES NO
 Ages/Days care needed _____
 (Someone will contact you for more details on childcare)

I AM WILLING TO DONATE A NEEDED ITEM TO VBS YES NO
 (You will receive a call to donate a specific item)

I WOULD LIKE MORE INFORMATION ABOUT THE PRAYER GROUP YES NO

VBS ENROLLMENT FORM

Last Name _____ Parent/Guardian _____

Address/City/Zip _____

Home Phone _____ Emergency Phone _____

Other Contact Numbers _____

Who is authorized to pick up this child(ren)? _____

Who do we call during VBS program hours in case of illness? _____

| Child's Name | Birthdate | Grade in Fall | Special Needs or Severe Allergy? | Which camp? VBS/Soccer/Art |
|--------------|-----------|---------------|----------------------------------|----------------------------|
|--------------|-----------|---------------|----------------------------------|----------------------------|

M/F

M/F

M/F

M/F

- Special Needs/Severe Allergy card to be completed and turned in on 1st day of VBS.
- VBS for ages 4 to 3rd grade \$15.
- For 4th to 6th Grade – Choose Soccer \$15 or Art \$25 (includes \$10 for art supplies).

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 I hereby indemnify the staff and volunteers of St. Gilbert and the Archdiocese of Chicago, from any and all liability arising from any claims of any kind, from my child's participation in this program. I understand that my child will be asked to abide by the rules and respect the property of others. I realize that any misconduct may result in a call to pick up my child immediately. I grant permission for the administration of first aid by the people of St. Gilbert in charge of this program, as their judgment deems advisable, and to make referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

PARENT/GUARDIAN SIGNATURE _____ DATE _____