

St. Alphonsus/St. Joseph Vacation Bible School

2019 Youth Leader/Helper Sign Up

"Caring for Creation"



Vacation Bible School

Age: Must be entering at least 5th grade and up to help

When: June 17th - 21st

Where: St. Alphonsus Church Hall, 1322 Settlement Rd, Norwalk

Time: 9:00a.m. - 11:30a.m. *Must arrive at 8:30 on Monday, 8:40 the rest of the week**

Mass Friday at 11:00a.m. with lunch to follow

We have several options for our youth helpers! Please take a moment to look over the options listed below and indicate if you have a preference of where you would like to help. Although we may not be able to meet all requests, we will do our best!! Please register by **June 2nd**. If you have any questions, please call Kari Pisano at 419-706-6191 or email kpisano@monroevilleschools.org. Forms can be turned in to St. Joseph School or Parish Office, collection baskets at Church, or directly to Kari Pisano.

*Youth Leader/Helper meeting on Sunday, June 9th at 10:30am at St. Alphonsus Parish Center

Name: _____ Age: _____ Grade Entering: _____

T-Shirt Size: Youth L (14-16) Adult Sizes: S M L XL 2X 3X **Note: shirts run small and tend to shrink**

Days Available: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ All Week

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Home Congregation (if any): _____

Please list all allergies, reactions associated and steps taken if a reaction occurs (please include medical and food): **Please Note: IF YOUR CHILD NEEDS AN EPIPEN OR MEDICATION FOR AN ALLERGIC REACTION WE ARE REQUIRED TO HAVE IT ON SITE ALONG WITH INSTRUCTIONS IN CASE OF AN EMERGENCY.* _____

Please list any other special needs VBS staff may need to be aware of: _____

Please list ALL people who are authorized to pick up your child, including older siblings who may drive. If the person who comes to pick up your child is not on the list we will not be able to release your child to them. Please provide their contact information and cell phone if available. Add additional people to the back if more space is needed.

My child is 16 or older and is authorized to leave on their own: _____ (parent/guardian signature)

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

In case of emergency (when parent/guardian cannot be reached) please contact:

Name: _____ Phone: _____ Relationship to child: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent the VBS team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I do hereby release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week activities and promotion or for future advertisement of Parish VBS programs.

Signature of Parent/Guardian: _____

YOUTH HELPER/LEADER OPPORUTNITIES – Please Choose One

_____ Station Leader (Ages 13 and up) Will lead station activities (possibly with other leaders) for all age levels..
Station preference: Activities/Games Music

_____ Station Helper (open to all ages of youth helpers). Will assist station leaders in specific station all week.
Station preference: Activities/Games Music Crafts

_____ Group Helper. Will stay with specific age group of students all week as they rotate through stations.

_____ No preference!! Wherever I can help!