

VOLUNTEER FORM FOR ADULTS

St. Luke's Vacation Bible School 2018
JUNE 25th - 29th 9 AM - 12 PM

APPLY NOW!

ADULT Volunteer's Information:

Registered Parishioner at St. Luke? Yes No

Name:
Last Name First Name

OVASE TRAINING:
CB Check MM/DD/YYYY

[Child Relative Attending VBS: Grade/Age:]

Medical Concerns/Alerts/Allergies:

Best Contact Information: (Cell Phone) (email)

Emergency Contact: Name: (Phone)

All volunteers will be issued a VBS T-Shirt. A fee of \$10 will help defray the cost of the T-shirts. For V-Neck T-Shirts cost is an additional \$10. Please submit payment and choose a T-shirt size. Thank you and we look forward to a great time at St. Luke's VBS 2018 : SHIPWRECKED: RESCUED BY JESUS.

T-Shirt Size:

Adult Small Adult Medium Adult Large Adult 1X-Large Adult 2X-Large Adult 3X-Large

TO BE FILLED OUT BY OFFICE ONLY

Payment for T-Shirt (\$10) /V-Neck (\$20): Check # (Bank:) Cash Credit:

Payment Received: Date Name of Person Receiving Payment

VOLUNTEER POSITION INTEREST

Email: stlukevaccationbibleschool@gmail.com

- TAD POLES' ASSISTANT: Help with the PRE-K (Tad Pole) program as needed.
- Station Adult Assistant: Provide support as needed by Station Leader. May include props set up; helping crews settle and participate in activities; running errands to and from the office; etc.
Station Preference: (Games, Bible Story Time, Music, Crafts, Snacks Tad Poles)
- Crew Leader Organizer: Oversee Crew Leaders by gathering them in the morning and making sure they have their assigned crews. Crew Leaders guide a group of 3-5 children to each station and serve to inspire them to have fun and feel cared for. Crew ages will range from preschool (Tad Poles) to 5th grade.
- Games Adult Leader: Make sure all supplies for Day's games are at the Field and oversee the running of the games. Help the Crews understand the connection between the Theme of the Day and the Games of the Day.
Age Preference: Elementary School Aged Tad Poles (3-5 Year Olds)
- Crafts Adult Leader: Make sure all supplies for Day's crafts are ready and lead the craft of the day. Help the Crews understand the connection between the Theme of the Day and the Crafts of the Day.
Age Preference: Elementary School Aged Tad Poles (3-5 Year Olds)
- Drama/Dance Team: Sing, dance, and act in short skits throughout the week of VBS. Lead the dances that go with the VBS Music. Show pep and enthusiasm to wake the dead! (*Practice for the Skit begins in May*)
- REGISTRATION TABLE: Sign in Students as parents drop them off. Make sure Crew Leaders take care of their Crews. Sign out Students as parents pick them up at end of day.
- OFFICE HELP: Make copies as needed. Provide computer support as needed
Age Preference: Elementary School Aged Tad Poles (3-5 Year Olds)
- Closing Program Pot Luck Helper DECORATION & SET-UP Tear-Down and Clean-Up

Days available to help: Monday Tuesday Wednesday Thursday Friday

Please complete the back side of this page. Thank you.

Name Activity:
Vacation Bible School

Date(s) of Activity: June 25-29, 2018 plus preparation times: April 29 – June 24, 2018

1. **INDEMNITY.** I, individually and in my capacity as participant, unconditionally agree to indemnify, defend, and hold harmless the church parties from any and all liability, claims, losses, judgments, damages, demands, costs and expenses of any kind or nature whatsoever, either in law or in equity, (including, without limitation, court costs and attorney's fees) incurred by any of the church parties resulting or arising from (i) participant's participation in the activity, or (ii) sponsor's transportation of participant to the activity, including, without limitation, the death or bodily injury to participant or damage to participant's personal property that may result from (i) participant's participation in the activity, or (ii) sponsor's transportation of participant to the activity, whether caused by or contributed by the negligence of any of the church parties or otherwise. *(initials)* _____

2. **MEDICAL AUTHORIZATION.** In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any of the Church Parties be required to pay for any such costs or expenses. **I, individually and in my capacity as the participant, hereby, release, waive, and forever discharge the church parties from any and all liability, claims, losses, judgments, damages, costs, expenses, and demands of any kind or nature whatsoever, either in law or in equity, resulting or arising from any such medical or dental treatment rendered to participant. (Initials)** _____

3. **PHOTO/VIDEO CONSENT AND RELEASE.** I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor's website. I, individually and in my capacity as Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as Participant, acknowledge and agree that I as Participant shall be not be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. *(Initials)* _____

4. **COVENANT NOT TO SUE. I HEREBY ACKNOWLEDGE AND AGREE THAT I, INDIVIDUALLY OR IN MY CAPACITY AS PARTICIPANT, WILL NOT INSTITUTE ANY SUIT OR ACTION AT LAW, OR OTHERWISE, AGAINST ANY OF THE CHURCH PARTIES OR INITIATE OR ASSIST IN THE PROSECUTION OF ANY CLAIM FOR DAMAGES, OR CAUSES OF ACTION, WHICH I MAY HAVE BY REASON OF INJURY OR DEATH TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING OR ARISING FROM PARTICIPANT'S PARTICIPATION IN THE ACTIVITY OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. (Initials)** _____

I COVENANT, CERTIFY AND REPRESENT TO SPONSOR THAT I AM THE PARTICIPANT AND THAT I HAVE FULL LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT. I HAVE (I) FULLY READ THIS AGREEMENT, (II) FULLY UNDERSTAND ITS TERMS, AND (III) AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. I UNDERSTAND THAT I, ON MY OWN BEHALF AS PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARTICIPANT, SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME BY ANY OF THE CHURCH PARTIES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE BY ME AS PARTICIPANT OF ALL LIABILITY AGAINST THE CHURCH PARTIES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

Date: _____

Signature of Participant's Parent/Legal Guardian

Printed Name of Participant

Email: stlukevacaionbibleschool@gmail.com
Phone: 210-433-2777 ext. 147

You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) YES NO

If you answered “YES”, please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, pleas bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.

I understand that a criminal background check will be conducted every three years, or as needed, per Archdiocesan policies, and I hereby give permission to the Archdiocese to conduct future criminal background checks without further written authorization.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____ Date: _____