

VOLUNTEER FORM FOR STUDENTS

St. Luke's Vacation Bible School 2017
JUNE 26th - 30th 9 AM - 12 PM

APPLY NOW!

Student Volunteer's Information:

Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Gender: Female ___ Male ___

Grade Entering Fall 2017:

School Attending: _____

Grade 6 ___ Grade 7 ___ Grade 8 ___ Grade 9 ___
 Grade 10 ___ Grade 11 ___ Grade 12 ___ College ___

Allergies: _____

Medical Concerns/Alerts: _____

Best Contact Information: (Cell Phone) _____ (email) _____

This year all volunteers will be issued a VBS T-Shirt. A fee of \$10 will help defray the cost of the T-shirts. Please submit payment and choose a T-shirt size. Thank you and we look forward to a great time at St. Luke's VBS 2017 : MAKER FUN FACTORY! CREATED BY GOD. BUILT FOR A PURPOSE.

T-S hirt Size: Youth Small ___ Youth Medium ___ Youth Large ___ Adult Small ___ Adult Medium ___
 Adult Large ___ Adult 1X-Large ___ Adult 2X-Large ___ Adult 3X-Large ___

 TO BE FILLED OUT BY OFFICE ONLY

I Payment for T-Shirt (\$10): Check # _____ (Bank: _____) Cash _____ |

I Payment Received: Date _____ Name of Person Receiving Payment _____ |

VOLUNTEER POSITION INTEREST

Rank in order of choice with 1 being first choice and 5 being 5th choice.

- Decorations Crew: Help with art, ideas, create props, hang wall coverings, paint, sketch, glue set-up, hang signs, make signs, etc.
- Station Student 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)
- Crew Leader: 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 (Tiny Tots) to 5th grade.
 Crew Grade Preference: ___ Tiny Tots ___ K, ___ 1st, ___ 2nd, ___ 3rd, ___ 4th, ___ 5th
- Games Student 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.
- Crafts Student 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.
- 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!

Parent/Guardian Information:

Name: _____
First Last

Registered Parishioner at St. Luke? ___ Yes ___ No Relationship to Student: _____

Best Contact Information: (Cell Phone) _____ (email) _____

Emergency Contact: Name: _____ (Phone) _____
 Relationship to Student _____

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

1. **INDEMNITY. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF 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 PARENT/LEGAL GUARDIAN OF 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 parent/legal guardian of 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 parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall 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 PARENT/LEGAL GUARDIAN OF 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, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, 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 PARENT/LEGAL GUARDIAN OF 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 AND ON BEHALF OF PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF 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 AND 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's Parent/Legal Guardian