

# VBS TEEN VOLUNTEER REGISTRATION FORM

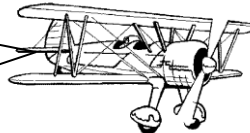
**\*\* grades 6 - 12 \*\***



SAINT MARY BASILICA VBS + JULY 31 - AUGUST 3, 2017

**The Mass Comes Alive!**

**An Aerial Adventure**



Name of Student _____		Male _____	Female _____	Grade Entering _____
Parent/Guardian _____		Please MARK student's shirt size for FREE STAFF T-SHIRT:		
Home Phone _____		_____ Youth S (6-8)	_____ Adult S (34-36)	
Emergency Phone _____		_____ Youth M (10-12)	_____ Adult M (38-40)	
Family Email (for VBS and Parish-Related Updates) _____		_____ Youth L (14-16)	_____ Adult L (42-44)	
Street Address _____		_____ City _____	_____ State _____	_____ Zip _____

Please list any FOOD ALLERGIES

### EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby *give permission* to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, *if you are unable to reach me at the above numbers, contact:*

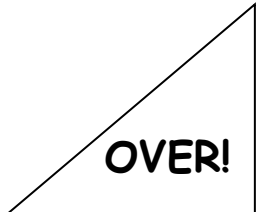
Name: _____	Phone: _____
Family Doctor: _____	Phone: _____
Allergies: _____	Medications: _____
Signature: _____	Date: _____

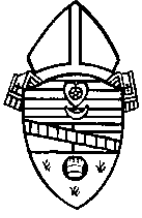
## PARENTS: this is **IMPORTANT ...**

- All teen volunteers **MUST** attend the training session about safety procedures and expectations on **Sunday, July 31 at 2:00 PM.**
- Volunteers **MUST** complete the training **BEFORE** helping.
- **NO MAKE-UP** sessions will be provided on **Monday Morning.**

OFFICE USE ONLY	
Date Received: _____	By: _____
Permission Form: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Training Completed: _____	

Please sign up **NO LATER than July 10<sup>th</sup>.**





*Diocese of Steubenville*  
**CHILD PROTECTION POLICY**

**TEEN VOLUNTEER  
PERMISSION FORM**

*Mandatory Child Protection Policy for Parish Religious Education and Youth Ministry Programs.  
See directions below.*

**VACATION BIBLE SCHOOL**

**NAME OF STUDENT:** \_\_\_\_\_ **GRADE/LEVEL:** \_\_\_\_\_

NAME OF PARISH: **ST. MARY BASILICA**

LOCATION: **MARIETTA**

NAME OF RECTOR: **Msgr. John M. Campbell**

CATECHETICAL LEADER: **Joseph Schmidt (basilicadre@gmail.com)**

PARISH PHONE: **740-373-3643**

PARISH EMAIL: **info@stmarysmarietta.org**

BEGINNING DATE OF PROGRAM: **Monday, July 31, 2017**

ENDING DATE: **Thursday, August 3, 2017**

LOCATION WHERE CLASSES ARE HELD: **ST. MARY SCHOOL (320 MARION ST.)**

GENERAL TOPICS OF THE VBS:

1. **Basic virtues that we need to practice**
2. **The importance of Sunday Mass and the Sacraments**
3. **Saints that inspire us to love Jesus more**

*I give my child (child under my care) **MY PERMISSION** to attend Religious Education or Youth Ministry Classes for the period listed above. I understand that I can contact the catechist, the youth minister, the catechetical leader, or the pastor if I have any concerns about these religious education or youth ministry classes.*

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*DIRECTIONS: This form is to be PREPARED by the catechist or youth minister and SIGNED by the parent or guardian for every student who participates in a religious education program or youth ministry program sponsored by any parish of the Diocese of Steubenville. The form is to be completed TWICE EACH YEAR, once for the fall semester classes and a second time for the winter semester classes. If there is a summer program, a third form is to be completed. The forms are to be kept on file in the parish office for ONE YEAR AFTER the student has completed the parish religious education or youth ministry program.*