

St. Christopher's
Church
VBS 2017
July 17-21



9am-Noon
Questions?
Marion 651-592-3021
Marion@stchristophers-mn.org

Youth Volunteer Guidelines & Registration

There is no fee for Youth Volunteers

Youth volunteers are a very important part of our VBS program. The children enjoy having students that work with them and care about them, and a special bond often forms between the participants and their Youth Volunteers.

All Youth Volunteers are asked to:

- Model appropriate behavior at all times- actively participating, respecting others and the space, etc. The younger children look up to you, and you need to set a good example.
- Be at church by 8:30am on Monday, and 8:45 Tuesday – Friday
- Share in bathroom cleaning duties (wipe counters, pick up paper, stock) at the end of the morning
- Familiarize themselves with the music videos that will be shared via email a few weeks prior to VBS and join the children in singing and dancing to the songs.

Youth can volunteer either as **mentors** or as **station helpers**, and some may be invited to help with **skits** if they indicate interest.

Mentors: You will be assigned to work with a group of young children throughout the morning. You stay with that group at all times. You help them to feel comfortable and actively participate in every aspect of our program. You encourage them to listen, follow directions, and be part of the group. This works best if you can commit to all 5 days. Mentors will also help with the entire group during check-in time first thing in the morning

Photographers: You will be take specific, staged pictures each day and drop them into a premade slideshow as well as take random pictures throughout the morning.

Station Helpers: You will remain in a specific station all morning. You will help the adult volunteers organize and prepare for each group as well as clean up. You will also help the children as needed while at your station.

Skits: You will be given a script ahead of time. While you are not expected to memorize it, you should be familiar and only need to reference it, rather than completely read from it. This would be in addition to one of the other volunteer opportunities.

Youth Volunteer Applications need to be submitted to Marion Hunner no later than Sunday, May 28th . You keep this page.

**Youth Volunteer Registration There is no
fee for Youth Volunteers**

Name: _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Age _____ Date of Birth _____ Grade Entering in the fall _____

Parent's Email Address: _____

Your Email Address: _____ *You are responsible for checking this
email address for important updates and information*

T-shirt Size: _____ Plain or Logo: _____

Parents/Guardians: _____

Emergency Contact (name/phone): _____

Do you have another Youth Volunteer with whom you would like to work? _____

Number your volunteer interests in order of preference: _____ Days that you are available (check all that apply):

Mentor

Station Helper

Photographer

Check here if you are willing to help with skits

Monday

Tuesday

Wednesday

Thursday

Friday

I have read and understand the guidelines for Youth Volunteers

A parent/guardian has read and signed the release forms on p. 2.

Youth Volunteer Signature

Youth Registration page 2

Release Forms

Participant Name: _____

MEDICAL CONSENT FORM

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child(ren) listed above to attend and participate in St. Christopher's Vacation Bible School Program.

We (I) authorize an adult, in whose care the above-named minor has been entrusted by us to consent to any reasonably necessary medical examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation cost.

Allergy Information:

Date: _____

Parent Signature: _____

MEDIA AND PHOTO RELEASE

The undersigned parent/guardian does agree to grant to St. Christopher's Episcopal Church permission to record on film, digital photographs, slide show, video tape, or audio tape, and retrospective slideshow DVD the participants listed above in the Vacation Bible School program. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for St. Christopher's, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

Date: _____

Parent Signature: _____