

**St. Christopher's
Church
VBS 2018
July 22-26, 2019**

**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 (times will vary based on your assigned duties)
- Share in bathroom cleaning duties (wipe counters, pick up paper, stock) at the end of the morning

Youth can volunteer as **mentors, station helpers, and large group presenters**. You will receive an online survey to determine your area(s) of 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

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.

Large Group Presenters: There are opportunities in the opening and closing assemblies to do various presentations and experiments for the whole group.

Youth Volunteer Applications need to be submitted to Marion Hunner no later than Sunday, May 26th . You keep this page.

Youth Volunteer Registration
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Name: _____

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

Email address that I should use to communicate with you – especially important updates and the online survey to determine how you will help at VBS:

T-shirt Size (circle one) Youth M, Youth L, Youth XL, Adult Small, Adult Medium, Adult Large, Adult XL

Days that you are available (circle all that apply): Monday, Tuesday, Wednesday, Thursday, Friday

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

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Parents/Guardians: _____

Parent/Guardian email: _____

Emergency Contact (name/phone): _____

I have read and understand the guidelines for Youth Volunteers (previous page)

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: _____