

VBS YOUTH VOLUNTEER REGISTRATION FORM

**** GRADES 6 - 12 ****

SAINT MARY BASILICA VBS + JULY 29 - AUGUST 1, 2019

The Life of Jesus - Faith, Hope & Love

Name of Student	Male	Female	Grade Entering
Parent/Guardian	Please MARK student's shirt size for FREE STAFF T-SHIRT: (<input type="checkbox"/> No thanks. I don't need a new staff shirt.)		
Home Phone	Youth S (6-8)	Youth M (10-12)	Adult S (34-36)
Emergency Phone	Youth L (14-16)	Adult M (38-40)	Adult L (42-44)
Family Email (for VBS and Parish-Related Updates)	Adult XL (46-48)		
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 youth volunteers **MUST** attend the training session about safety procedures and expectations on **Sunday, July 28 at 2:00 PM.**
- Volunteers **MUST** complete training **BEFORE** helping.
- Contact Lora Offenberger if you cannot make this session 740-374-2126

OFFICE USE ONLY

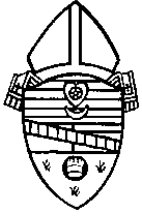
Date Received: _____ By: _____

Permission Form: Yes No

Training Completed: _____

Please sign up **NO LATER** than **July 12th**.

OVER!



Diocese of Steubenville
CHILD PROTECTION POLICY

YOUTH 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**

COORDINATOR: **Lora Offenberger lorao@kaslodesign.com**

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

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

BEGINNING DATE OF PROGRAM: **Monday, July 29, 2019**

ENDING DATE: **Thursday, August 1, 2019**

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

GENERAL TOPICS OF THE VBS:

1. **Basic virtues that we need to practice**
2. **Life of Jesus and the Mysteries of the Rosary**
3. **The importance of Sunday Mass and the Sacraments**

*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:** _____

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 (PSR) or youth ministry program sponsored by any parish of the Diocese of Steubenville. The form is to be completed once each year. If there is a summer program (VBS), an additional form is to be completed, as this constitutes another program. 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.