



VOLUNTEERS – ST. JUNIPERO SERRA CAMP 2024 at Saint Francis Church -South Windsor

July 12, 15 – 19, 2024 9:00 AM – 12 NOON
MASS with VBS Song Sunday **July 21st** –9A.M. –St. Francis (Teen - Volunteers – 8:30 – 12:15)

Due – April 30th – space limited

Snacks, Activities, Music, Movies, Games

VOLUNTEER’S NAME: _____ AGE: _____ DATE OF BIRTH: _____

Shirt Size: Adult Small ___ Adult Medium ___ Adult Large ___ Adult Extra Large

ALLERGIES/HEALTHPROBLEMS/CONCERNS: _____

Parent Information: Marital Status: Single ___ Married ___ Divorced ___ Remarried ___

Father’s Address: Street _____ Town _____

Home Phone _____ Cell Phone _____

Mother’s Address: **Please check if same as above address** ___

Street _____ Town _____

Home Phone _____ Cell Phone _____

E-Mail Address: _____

Emergency Contact: Name _____ Phone # _____

Relationship to Student _____

I give permission for my child(ren) to be photographed by the Faith Formation office of St. Junipero Serra Parish. I understand that these photographs may be posted on the St. Junipero Serra Parish social media. Yes ___ No ___

***Parent Signature:** _____

Your child/children/guardianship has offered to volunteer in **‘Totally Catholic Scuba - VBS 2024** at St. Francis of Assisi Church. The church, rectory and church grounds will be used for activities. It will take place under the guidance and supervision of employees and volunteers from St. Junipero Serra Parish. A brief description of the program follows: Lessons and activities including Bible stories, snack, sports & games, music and arts and crafts. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student/students. I hereby consent to participation by my child/children in the **Totally Catholic Scuba - VBS 2024** described above.

I hereby authorize the adults in charge to take my child/children for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my children.

***Parent Signature:** _____ **Date** _____