



# Volunteer Form

Saint Mary's Vacation Bible School – Aug 19 to August 23, 2024  
8:00 a.m. to 12:45 p.m. @ Saint Mary's Church Basement  
\*\*August 23 - 8:00 a.m. to 3:00pm - Mass & Potluck Lunch  
Contact info: cvbs.stmaryvan@gmail.com

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Contact – Email / Tel / Cell

First Aid:  Yes  No If yes, indicate date of certification: \_\_\_/\_\_\_/\_\_\_

T- Shirt Size: S / M / L / XL

Can you volunteer all five days? Yes No

If not, which days are you available? (You must be available for at least 3 days):

(Circle all that apply) Mon / Tues / Weds / Thurs / Fri

ALL volunteers **need** to attend the following dates. Please fill out your availability:

Volunteer One-on-One Introduction/Safe & Environment:

Availability: **Sometime in June (VBS Director will contact you and arrange a date/time)**

Orientation/Training: **Sat July 20 – 10:00am to 2:00pm**  
**(Church Basement – Lunch provided)**  
**MANDATORY**

Decoration: Thurs July 25 & Fri July 26 (1:00pm to 4:00pm), Sat July 27 (9:00am to 3:00pm)

Sunday August 18 (1:00pm to 8:00pm) (Church Basement)

Available Day(s) to help decorate: \_\_\_\_\_ (at least 1 day)

Volunteers will participate as "Crews" facilitating groups of 5 children  
(Two Crew Leaders – more information during Introduction).

Please submit forms on Sunday May 5 @ church foyer between 9:00am to 4:00pm or to  
[cvbs.stmaryvan@gmail.com](mailto:cvbs.stmaryvan@gmail.com). Thank you!

**Deadline to fill out this form is Sunday, May 26 to go over Safe and Environment conducted by the Archdiocese of Vancouver.**

Emergency Medical Information

Allergies or other medical conditions: \_\_\_\_\_

Reaction(s) to above: \_\_\_\_\_

In case of emergency, contact:

1. (Name) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_

2. (Name) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_

1. Relationship \_\_\_\_\_ 2. Relationship \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Media Consent Release

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. Should you **not** wish to be photographed or videotaped please initial here

\_\_\_\_\_.

I certify that the information given in this form is true and correct and agree that falsification or omission of information called for may result in my removal as a volunteer. To ensure the safety and well-being of children, permission is hereby granted to conduct any investigation or reference check, including a criminal record search that may be deemed desirable regarding the information contained in this document.

Name (printed): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian (if applicant is under 18 years old): \_\_\_\_\_



# Volunteer Important Dates

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Copy for you to keep 😊