

Blessed Saints Pastoral Region VBS 2019

(St. Bartholomew /St. Vivian Parishes)

June 24- June 28

9 am – 12 pm, St. Vivian Church



We need Travel Guides and Oikos Leaders for our VBS!

We need many volunteers to make VBS successful!

- We need volunteers June 24th – June 28th from 8:30 am – 12:30 pm at St. Vivian Church (Program runs from 9 am to 12 pm.)
 - If you are an adult or student who will be in the 6th grade or above in the fall and are able to volunteer, please fill out this form and return it to Amy Staubach at the St. Bartholomew office or Julie Zinser at St. Vivian office.
 - If you are under 18 please have a parent fill out the release on the back.
- *** All adult volunteers must be Virtus compliant. Please let Amy or Julie know if training is needed.

Volunteer Form

Name _____ Phone Number: _____

Email _____ T-shirt size _____



Desired Job (Place a check next to desired job)

- | | |
|--|--|
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Pre-School Helper |
| <input type="checkbox"/> Games Helper | <input type="checkbox"/> Craft Helper |
| <input type="checkbox"/> Drama Team | <input type="checkbox"/> Music Leader |
| <input type="checkbox"/> Snacks Helper | <input type="checkbox"/> Registration |

Volunteer Training Sessions:

Wednesday June 12th from 7 – 9 pm

Sunday June 23rd 1pm – 3 pm.

All sessions will take place in St. Vivan Gym.

Decorating and Set up will take place in the beginning of June as well as on Sunday June 23rd
Check email for exact times as we get closer.

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND
AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)

1.I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2.I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3.I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4.I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5.I agree do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6.This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date __/__/_____

Signature of Witness: _____ Witness Name (please print): _____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date __/__/_____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date __/__/_____

Family Doctor _____ Phone No. _____