2017 Vacation Bible Camp Registration Form - for Adult Volunteers

Name:

Birthdate:

Tee Shirt Size:

Youth	Small
Adult	Medium
	Large

Children in Attendance:

Teens in Attendance:

Address:

Home Phone: Work Phone: Cell Phone:

E-Mail:

Emergency Contact Information (*other than above*)

Name: Phone:

Physician: Phone:

Health Information

Special Needs*: ◯ Yes ◯ No

If yes, please explain:

* for example: food allergies, health concerns such as asthma, diabetes, epilepsy, physical challenges, *etc*

Protecting God's Children/Safer Spaces... *(Required by the Archdiocese)*

- ◯ I have already attended one of these sessions: Date:
- ◯ I need to attend one of these sessions

Background Check *(Required by the Archdiocese)*

- ◯ I have already submitted a background check: Date:
- ◯ I need to submit a background check

I have special skills to share (check all that apply):

- ◆ Arts and Crafts
- ◆ Clerical Work
- ◆ Games & Activities
- ◆ Hospitality on Friday
- ◆ Snacks
- ◆ Teaching
- ◆ Teen Activities
- ◆ Other