



# VOLUNTEER FORM

## VBS 2010

July 26th-30th

9:00am—12:15pm

(Minimum age 11 or completed 5th grade.)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Adult or Youth? \_\_\_\_\_ Youth Grade Level? \_\_\_\_\_

Phone No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

### AREAS OF INTEREST

(PLEASE CIRCLE)

Nursery Security Check-in Art & Crafts Music Face Painting

Games Bible Knowledge Snacks Movie Time Group Leader Floater

**YES!** I would like to be a Leader/Coordinator of one of these areas.

### NURSERY NEEDS

I will need the nursery for my child, \_\_\_\_\_, age \_\_\_\_\_  
(Nursery is only available for volunteers' younger children (birth-3yrs.)

*I understand that it is now required that I complete a 1 1/2 hour course of (Safeguarding God's Children" prior to the start of VBS 2010. (This course will be offered at St. Thomas. You will be notified of the date and time. You only need to take this course one time.)*

**T-Shirt Size: Small Medium Large XL XXL XXXL (Circle One)**

Signature: \_\_\_\_\_

Parents/Guardian Signature (if minor): \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete reverse  
side for minors.**

St. Thomas the Apostle Episcopal Church  
18300 Upper Bay Road  
Nassau Bay, Texas 77058  
281-333-2384  
Patty.henderson@stthomasepiscopalchurch.org

**MEDICAL RELEASE & PERMISSION FORM**

St. Thomas the Apostle Episcopal Church will always make every effort to reach the parent or guardian of children who are ill or require any kind of emergency medical attention. Since, however, it is not always possible to reach parents or guardians on short notice, we recommend that they provide the church with consent to seek hospital emergency room treatment.

I hereby give my permission for St. Thomas the Apostle Episcopal Church to take my child \_\_\_\_\_, to a hospital emergency room for treatment if the church is unable to reach me when the decision must be made.

EXCEPTIONS: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Do you have a church home? YES NO**

**Mother's Phone Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Father's Phone Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Guardian's Phone Number:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES OR OTHER CONDITIONS WE NEED TO BE AWARE OF WHILE YOUR CHILD IS IN OUR CARE.**

\_\_\_\_\_  
\_\_\_\_\_