



VBS VOLUNTEER REGISTRATION 2017

Registration Deadline: June 1st

***** T-shirt requests due by June 1st *****

Return Forms: Please return completed Volunteer Registration and Background Check forms **by June 1st** to VBS, Queen of Peace 4170 Pullman Ave SE, Salem, OR 97302

Questions? Contact Michelle Unger at 503-364-7202, or michelle@qpsalem.org



All VBS volunteers are required to complete:

- | | | |
|---|---------------------------------------|-----------------------------|
| 1) Volunteer Registration form | 2) Volunteer Orientation Meeting | |
| And for adults 18 years and older: | | |
| 3) Current Criminal Background Check form | 4) Called to Protect Training Session | 5) Sign Standard of Conduct |

Please plan to attend the General Orientation Meeting on Tuesday, June 20 from 6:00 – 7:00 pm at Queen of Peace. Called to Protect training will be offered from 7:00 – 8:15 pm. Childcare will be provided.

Name: _____ Male / Female (Circle one)

Circle grade volunteer will be entering in Fall 2016: 6 7 8 9 10 11 12 Adult

Address: _____ (Street) _____ (City) _____ (Zip)

Home Telephone: _____ Email: _____

Church Affiliation: _____ Calvary Baptist _____ Queen of Peace _____ St. Paul's _____ Other _____

	Mon	Tues	Wed	Thurs	Fri
Job Assignment for Adults & Youth	List 1 st & 2 nd choices for job assignments & the day(s) you are available to work				
Crew Leader (8:45am-12:15pm)					
Games (9am-12:15pm)					
Crafts (9am-12:15pm)					
Drama/Music (9am-12:15pm)					
Kitchen (9 am-11am)					
Childcare/Pre-K (8:30am-12:15pm)					
Registration (8:30am-9:45am)					
General Helper (8:45-12:15pm)					
Session Leaders and Assistants	Area of interest as listed above:				

T-SHIRT REQUESTS: Volunteers receive a complimentary T-shirt. Requests are due by June 1st.
 _____ Youth Large _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____ Adult XXL
 If you would like to donate towards the cost of your t-shirt or another VBS volunteer, please include a check written to Calvary Baptist Church with this registration form. Shirts are \$10 each.

A CHILDCARE AND PRESCHOOL PROGRAM FOR INFANTS – AGE 5 YEARS OLD is provided during the time the parent is serving as a VBS volunteer. Children may not be left without the parent present at VBS. Please complete the requested information and indicate which days you will be using the program:

Child's Name	Age/Gender/Special Needs Information	Mon	Tues	Wed	Thurs	Fri

Order T-shirts for preschool or childcare: Complimentary (please indicate number of shirts per size)
 _____ Child Small _____ Child Medium _____ Child Large **Orders due by June 1st.**

MEDICAL EMERGENCY PROCEDURES:

In case of illness, accident or emergency to the volunteer named above, Queen of Peace Catholic Church, Calvary Baptist Church, and the Archdiocese of Portland and their representatives are authorized to proceed as indicated below (thoroughly complete the following information):

Emergency Contact: _____ Phone #: _____

If above cannot be located, contact: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Last Tetanus immunization or booster date: _____

Are you presently on any medications: ___ Yes ___ No If so, state name, dosage, and reason for drug: _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, or special health problems that would help emergency personnel care for you or which may require special attention: _____

Name of medical insurance company: _____ Group or ID #: _____

INFORMATION CERTIFICATION:

I certify the information contained in this application is true and complete to the best of my knowledge. I authorize the Archdiocese of Portland, Calvary Baptist Church, and their representatives to undertake any investigation it deems appropriate in connection with this application, including a criminal background check. I also authorize the Archdiocese of Portland and Calvary Baptist Church and their representatives to use their judgment in determining emergency care and procedures for me. I understand and agree that the Archdiocese of Portland and Calvary Baptist Church assumes no financial obligation for expenses incurred in carrying our emergency procedures and/or emergency transportation. I give permission for myself and my children to be photographed for the use of all sponsoring parishes.

Signature of Volunteer

Date

PHOTO/VIDEO PERMISSION: I hereby give Queen of Peace Parish/School and Calvary Baptist Church permission to use photographs/videos of myself, and any families present at VBS, on its website, in parish/school publications, and/or their *Facebook* page. I understand that there will be no identifying information (e.g., name, age, etc.) included. This permission will be in effect from June 25, 2017 until June 24, 2018. All requests to have pictures/videos removed will be honored.

Signature (Adult/Parent/Guardian)

Printed Name (Adult/Parent/Guardian)

Date

IF VOLUNTEER IS A MINOR please complete this Authorization and the Photo/Video Permission above:

I have reviewed this registration form and give my permission for (minor's name) _____ to serve as a volunteer at Queen of Peace Church and Calvary Baptist Church in their Vacation Bible School program.

Parent/Guardian Signature

Date

FOR OFFICE USE:

Orientation Meeting: _____

Called to Protect Training: _____

Standards: _____

Background Check Submitted: _____

Background Check Result: _____

Expiration Date: _____