



VBS VOLUNTEER REGISTRATION 2019

Registration Deadline: June 1st

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

Please return completed

Volunteer Registration/Background Check forms

by June 1st to VBS, Queen of Peace Church

4227 Lone Oak Rd SE, Salem, OR 97302

Questions? Contact Michelle Unger (Queen of Peace) at 503-364-7202 ext. 209 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 Thursday, June 20 from 6:00 – 7:00 pm at Queen of Peace Church. 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 2019: 6 7 8 9 10 11 12 Adult

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

Home Telephone: _____ Email: _____

Church Affiliation: _____ Calvary Baptist _____ Queen of Peace _____ Other _____

Emergency Contact: _____ Phone #: _____

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

	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					
Games					
Marketplace (crafts)					
Drama (Bible and pop-ups)					
Music					
Kitchen					
Childcare/Pre-K					
Registration (adults only)					
General Helper					
Session Leaders and Assistants	Area of interest as listed above:				

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.

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

PHOTO/VIDEO PERMISSION: I hereby give Calvary Baptist Church and Queen of Peace Parish/School 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 20, 2019 until June 25, 2020. All requests to have pictures/videos removed will be honored.

Signature (Adult/Parent/Guardian)

Printed Name (Adult/Parent/Guardian)

Date

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 out emergency procedures and/or emergency transportation.

Signature of Volunteer

Date

T-SHIRT FOR VOLUNTEERS: Complimentary T-shirt.

____ 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 Queen of Peace Church with this registration form. Shirts are \$10 each.

T-SHIRTS FOR PRESCHOOL OR CHILDCARE: Complimentary (please indicate number of shirts per size)

____ Child Small ____ Child Medium ____ Child Large

REQUESTS ARE DUE BY JUNE 1ST.

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: _____