June 24 – 28, 2019 VBS Adult/Youth Volunteer Registration SIGNATURE REQUIRED ON BACK

Date Registered ___/__/

Please print or type all information. Child(ren) reside with: circle one or both parents

Family Name	Mother /Guardian's 1 st Name	Cell Number	Work Number	Preferred Email	Yes	No
	Father /Guardian's 1 st Name	Cell Number	Work Number	Preferred Email	Yes	No
Child/ren's Resident Address		City, State	Zip	Home Number		

Volunteer's First Name (Use Last if different from Family Name)	Gender M/F	Birthdate M/DD/YYYY	Grade Entering 2019-2020 School Year	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)	VIRTUS or Worthy of the Call Completed	Shirt Size (Adult S, M, L, XL or XXL)
1.						
2.						
3.						

Please write volunteer's name in the area/s he/she would like to participate

Crafts	Child Care	Skits Open/Close Program	Outdoor Games	Snack Prep	Class Helper	Other	No Preference

EMERGENCY CONTACT INFORMATION

Relationship
Cell Number

Pre-School Age Childcare

Child's Name	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)
Shirt Size	To be Supplied by Parents

FAMILY STATUS: Please Circle One:	Two-Parent Family	Single-Parent Family	Blended Family					
CUSTODIAL ORDER: <u>COPY OF ORDER T</u>	O BE ATTACHED		DATE OF ORDER					
Please indicate any special needs or learning differences your child has:								
Parents/guardians of participants are advised that	at photographs or videotape of	participants may be used in publica	tions, websites or other materials prod					

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date_____ Parent or Guardian Signature__

PRINT, SIGN AND DELIVER TO THE FAITH FORMATION OFFICES