The following application is for the teen volunteers (rising 9th\textsuperscript{th}-12\textsuperscript{th} graders ONLY)

For other volunteer forms, please visit our web site at
http://www.holyspiritvb.org/formation/vacation-bible-school/
Name: __________________________________________

Address: __________________________________________

Home Phone: ________________________________ Grade level THIS fall: ______________

Cell Phone: ________________________________ I can receive texts: Yes ☐ No ☐

Email: __________________________________________

Grade/Activity Area:  1st choice: __________________________  2nd Choice: __________________________

Allergies/Special Needs: __________________________________________________________

Please circle ADULT T-shirt size: S M L XL XXL

Emergency Contact: Name: ________________________________

Phone #: ____________________________ Relationship: __________________________

Children and Youth Release

Authorization to Reproduce Physical Likeness*

*note: Personal information such as last names, phone number(s) and home addresses will never be published.

Please check one of the following:

☐ I grant Holy Spirit Parish permission the right to photograph my child named above and use her/his picture silhouette or other reproduction of my child’s physical likeness in connection with publications and/or video recordings of Holy Spirit Parish, Children or Youth ministries. These reproductions may include, but are not limited to, an exhibition, church web site, incorporation into a publication, television broadcast, church promotion or advertisement, or other use of video recordings and pictures.

☐ I do NOT grant permission for any reproductions as outlined above.

In the event of an emergency, I hereby give my permission to accompanying adults to authorize treatment of my child or transport my child to a hospital for emergency medical treatment. I and grant permission for my child to participate in VBS 2017.

 __________________________________________
Signature

 __________________________________________
Date

Parent Signature Name (Please Print) ____________________________ Relationship to ____________________________

For Office Use Only: