

St. Edmond VBS 2024 Volunteer Form for Teens and Adults
June 10 - 14, 2024 Camp Times: 8 am - 12ish pm



Volunteer's Name: _____
Phone Numbers: _____ **Age, if a minor** _____
Primary Email Address: _____
Please indicate if you are related to a child attending Vacation Bible School and name who he/she is _____

Adults who teach throughout the week of Vacation Bible School, will be given 60% discount for one child; we ask that you pay just \$20 to help defray some of their costs.

PLEASE CHECK AREA(S) OF INTEREST BELOW:

TEACHING _____ **SNACK/REFRESHMENTS** _____
CREW LEADER _____ **CREW HELPER** _____
MUSICIAN OR SINGER _____ **GENERAL HELPER** _____
MISCELLANEOUS _____ **OTHER** _____
HELP PREPARE MATERIALS IN ADVANCE FOR VBS _____
HELP SET UP DAILY _____ or only on _____
ARRIVAL/DISMISSAL HELP: arrival _____ dismissal _____ both _____

Contact Karolyn Comeaux at 337.981.0874 or religioused@st-edmond.org , if you have questions.

_____ **I AM ABLE TO VOLUNTEER DURING REGULAR VBS HOURS.**
_____ **I AM UNABLE TO VOLUNTEER DURING REGULAR VBS HOURS BUT I AM AVAILABLE TO HELP WITH DECORATIONS AT NIGHT OR ON A WEEKEND.**

Current S.E.C. training/Safe Environment for Children is required by the Diocese for all volunteers 18 years of age or older. This training date has yet to be determined. I will notify you about the date as soon as our Safe Environment Coordinator has set the date. You will need to be registered for the training in advance. Please call the office (337-981-0874) to speak to Mrs. Regina Bourque, our Safe Environment Coordinator, if you have any questions. You can also contact her by emailing her at safeenvironment@st-edmond.org.

I need to attend an Initial Safe Environment training: Yes _____ No _____

I received my Initial Training: When _____ Where _____

Your last update was completed: When _____ Where _____

Shirt Sizes: AS AM AL AXL AXXL (Please circle)

Shirts will cost \$15.00. PAID _____ CASH _____ CHECK # _____

**St. Edmond Catholic Church Vacation Bible School 2024
4131 West Congress Street Lafayette, LA 70506
337-981-0874**

PHOTO RELEASE

I, the parent/legal guardian of, _____, grant my expressed permission for the St. Edmond Catholic Church's Vacation Bible School Volunteer Staff to photograph my child while attending classes and/or participating in activities connected to our program.

Agree Disagree I give permission for my child's photograph to be taken as per the above referenced activity.

Agree Disagree I give permission for Karolyn Comeaux to exhibit photographs of my child taken at vacation Bible school, including digital images, and/or video and audio recordings each day.

Parents are invited to attend this closing presentation each day.

Agree Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be listed with any photographs.

By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against all claims, damages or suits which may arise from the use of these pictures taken during Vacation Bible School for the above listed purposes.

Signature of Parent: _____ Date: _____

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MEDICAL RELEASE

This is to inform you that _____ has my permission to attend and participate in all St. Edmond Vacation Bible School activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in all of such activities.

Signature of Parent: _____ Date: _____

I understand that not all campers and volunteers will be wearing face masks and do not hold St. Edmond responsible for any Covid-19 related medical issues that may arise.

Signature of Parent: _____ Date: _____

ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM

Permission is hereby granted to the person in charge during St. Edmond Vacation Bible School to call 911 for ambulance and medical assistance for my child, _____, if deemed necessary. Every precaution will be taken to prevent accident or injury, however in the event of accident or illness I will assume financial responsibility for treatment of the above-named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult chaperones financially liable.

Signature of Parent: _____ Date: _____