

2017 St. Luke Vacation Bible School

VBS Training: Every Wednesday May 24-June 7
7:00-8:30pm

Adults Volunteers are welcome,
Youth Volunteers required

VBS Week: June 12 8:30am - noon
June 13 8:30am - noon
June 14 5-8 pm (Family Night)
June 15 8:30am - noon
June 16 8:30am - 2pm
(lunch will be provided for tear down)



YOUTH VOLUNTEERS

Name: _____ Phone (Cell and Home) _____

Youth Email: _____ Parent Email: _____

Circle preferred method for VBS staff to communicate with your child: TEXT EMAIL BOTH

Grade in 2016/2017 School Year _____

What activities would you like to help with during VBS? Circle all options you would be willing to serve

MUSIC CRAFTS GAMES SMALL GROUP SNACK

Why do you want to volunteer? _____

ADULTS VOLUNTEERS

Name: _____ Phone (Cell and Home) _____

Email: _____

Circle preferred method for VBS staff to communicate with you: TEXT EMAIL BOTH

Do you need childcare? Y / N What ages? _____

What activities would you like to help with during VBS? Circle all options you would be willing to serve

MUSIC CRAFTS GAMES SMALL GROUP SNACK

YOUTH PROTECTION REQUIREMENTS

The archdiocese of Cincinnati requires volunteers 18 years and older who work with children attend a VIRTUS training session, have a background check through the Archdiocese and remain current on monthly VIRTUS bulletins.

_____ I am VIRTUS compliant

_____ I need to attend training and have a background check completed.

For information about the times and places for VIRTUS training, call Bruce Guindon at 426-1733, x202 or go to www.virtus.org and select the Registration tab.

The good news is that volunteers no longer need to be fingerprinted for their background check – you can register on-line at your convenience. You can update your background check by logging on to www.virtus.org (should already have taken the class), select the Toolbox tab, and then click on Selecton.com on the left menu. When payment info is requested, you may enter the parish funded one-time use Faxtrax Token code (which can be requested from bguindon@saintlukeparish.org) or use a personal credit card to cover the \$25 fee.

Volunteer's Name	Birth date	*SSN	Allergies and Medical Conditions

Medical Insurance: _____ Policy # _____
 Member's Name: _____ Member's *SSN: _____
 Family Doctor: _____ Doctor Phone: _____
 Parent to Contact 1st: _____ Best contact #: _____
 Parent to Contact 2nd: _____ Best contact #: _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

1. I, the lawful parent or guardian of _____ give permission for my child/ren to participate in the activity described on the Activity Information form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
 - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Name of Parent/Legal Guardian: _____
 Parent/Legal Guardian Signature: _____ Date: _____
 Address: _____ City: _____ Zip: _____