

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Home Parish: _____

Name & Cell number of Emergency Contact: _____

Are you available to volunteer at the VBS or help with prep for different stations? YES / NO

****Note: All volunteers need to undergo a police report and a screening interview.**

Would you be interested in getting to know more about the Catholic faith by attending the Alpha program? YES / NO

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in Corpus Christi Vacation Bible School (CCVBS) and that I will be notified as soon as possible in the event of an emergency. I hereby release and forever discharge this Diocese, Parish, Corpus Christi School, and the volunteers at CCVBS from all manners of action and/or claims which I, or the child/children named above, shall make or might arise for any reason, during my child's/children's attendance at the CCVBS. Furthermore, I allow my child/children to be photographed by the organizers of CCVBS (please reach out to us if you do not give consent for your child/children to be photographed).

Parent / Guardian (Print Name)

Signature & Date

Due to the limited number of trained educators volunteering in this program, by signing this form, I understand that CCVBS reserves the right to request my presence during VBS if my child consistently cannot follow instructions or requires full-time, one-on-one assistance.

Parent / Guardian (Print Name)

Signature & Date
