

# VBS VOLUNTEER REGISTRATION FORM

## Roar! June 24 – 28, 2019

**PARENTS WHO VOLUNTEER RECEIVE A 50% DISCOUNT OFF CHILD REGISTRATION!!!**

DEADLINE FOR  
PARTICIPANT REGISTRATION IS MONDAY, JUNE 10<sup>th</sup>.

*Return this form with optional t-shirt payment to St. Catherine of Sweden.  
Mail to St. Catherine of Sweden, 4554 Wildwood Rd., Allison Park, PA 15101, OR  
Place in the collection basket at Mass in an envelope marked, "Attention: Faith Formation."*

Volunteer Name: \_\_\_\_\_ Are you over 18? Yes  No   
Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary or Other Restrictions: \_\_\_\_\_

Check your t-shirt size if you'd like a t-shirt for a cost of \$8 (Include payment with this form):

Youth Sizes:  Small (6-8)  Medium (10-12)  Large (14-16)

Adult Sizes:  Small  Medium  Large  X-Large

In what capacity would you like to volunteer? (Check all that apply):

Group Leader  Group Assistant  Outdoor Games  Technology Assistant  Music/ Dance Leader   
Snacks  Crafts  Bible Story Leader (involves acting)  Bible Story Helper (involves acting)

Office Helper/ Nurse  Preschool Station Leader/ Assistant  Nursery  Set-Up (June 19-21)  Clean-Up

If you checked group leader or group assistant, what grade do you prefer? \_\_\_\_\_

**VOLUNTEERS OVER 18: Volunteers over 18 must be Safe Environments compliant.**

Have you completed these requirements? Yes  No  Unsure

Assistance will be provided by the Faith Formation Office for those needing to complete the requirements.

A free nursery will be available for volunteers with children ages 3 and under. Please list each child's name and age:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**VOLUNTEERS UNDER 18: Complete the following section if under the age of 18.**

Check the grade completed in 2018-2019: (Students in grade 6 and up are permitted to volunteer.)

6<sup>th</sup> Grade  7<sup>th</sup> Grade  8<sup>th</sup> Grade  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade  
 College Student

Parent Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for volunteering! Contact Julie Thimons ([juliet@scospgh.org](mailto:juliet@scospgh.org) or 412-486-6001, Ext. 19) if you have any questions!

