



St. Gabriel Youth Ministry

Grades 6 - 12 Fall 2017

Vacation Bible School 2017

Date: Monday, July 31 – Thursday, August 3

Time: 9:00 a.m.–12 Noon

Location: St. Gabriel East Campus

Volunteer form is due by: Monday, June 26, 2017

Student Name: _____

Home Phone: _____ Student Cell Phone: _____

Email address: _____

Grade: _____ School: _____ T-Shirt Size Adult: S M L XL

Circle one

Please choose three areas that you are interested in helping with; rank them 1 to 3 (1 being first choice).

_____ Bible Storytelling

_____ Snack

_____ Craft

_____ Assisting with leading children's groups: K 1 2 3 4 5

_____ Games

_____ Just set up

_____ Just tear down

_____ Morning check-in

Youth Code of Conduct

As Christians we look to Christ for directions regarding the way we work and play. Here are a few things to make this VBS experience a safe and enjoyable time for everyone.

I agree that:

1. I will attend all 4 days, arrive each day at 8:45 a.m. and be ready to greet the children when they arrive.
2. I will give my attention to the children and not be on my phone or talking to my friends who are there.
3. I will help clean up the space each day before I leave.
4. I will participate in the large group gathers and be a model for all the children that are present.
5. I will bring a smile and cheerful attitude and spread the Gospel without using words.
6. I will encourage all the children to participate and have fun.
7. I will follow the directions of the leaders of each activity and be helpful.
8. I will attend the meeting on Thursday, July 27th @ 7 p.m. to learn which area I will be working in, to discuss the details of VBS and assist with decorating each activities space.

Youth Signature _____ Date _____

Parent Signature _____

Over for Medical Release Information



Medical Treatment Release Form

To Whom It May Concern:

As a parent or guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Reason for which release is intended: St. Gabriel Parish Vacation Bible School.

Family Information:

Address of minor(s): _____ Phone _____

Emergency contact name: _____ Phone _____

Family physician: _____ Phone _____

Address: _____ City _____

Name of 1st minor: _____ Relationship to you _____

Name of 2nd minor: _____ Relationship to you _____

Name of 3rd minor: _____ Relationship to you _____

Name of 4th minor: _____ Relationship to you _____

Please list any allergies, medication, contacts or other concerns below (Make sure to indicate about which child you are referring):

Health Insurance Data:

Company: _____ Policy #: _____

Group: _____ Contract: _____



This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: _____ Signed: _____

(Parent or Guardian)