



Adult Volunteer Registration Form

Dates / Location: St. Anthony Mary Claret Parish, June 16-20, 2025

Information:

Name: _____

T-shirt size: (circle one) Adult sizes: S M L XL 2XL 3XL 4XL

Morning Session Evening Session

Desired Volunteer Role (please give alternate choices): _____

Phone Number: _____ Email: _____

Have you completed VIRTUS training and background check? Yes No

Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic in the event that I am incapacitated. I hereby do release and forever discharge Cat.Chat Productions, this Diocese, and Parish from all manners of actions, claims which I shall or may have for any reason, arising during my attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of VBS programs. Any other use will require your further consent.

Signature

Date
