The Parish of Saint Christopher

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Web site: www.stchristophersmi.archtoronto.org Email: stchristophersmi@archtoronto.org

VBS RAINFOREST FALLS VOLUNTEER FORM

Set Up Week (9:00 a.m. to 3:00 p.m.): Monday, July 6 to 10, 2027
Week One: Monday, July 13 to Friday, July 17, 2027
Week Two: Monday, July 20 to Friday, July 25, 2027
Camp weeks run from 8:15 a.m. to 4:00 p.m.

Registration forms are due by June 1st, 2026. A volunteer screening form **MUST BE COMPLETED** if you are a new volunteer. Please contact Levy Anne Revita **at** lramos@archtoronto.org for any questions you may have.

OFFICE USE ONLY

Received by _____

Volunteer Screening Completed? _____

Date of Submission _____

VOLUNTEER INFORMATION	
NAME:	
GENDER:	**AGE:**
BIRTHDAY:	**GRADE:**
SCHOOL:	**SHIRT SIZE (Child Size):**

PARENT/GUARDIAN'S INFORMATION	
NAME:	
RELATION TO VOLUNTEER:	
PRIMARY PHONE NUMBER:	**EMAIL ADDRESS:**
EMERGENCY CONTACT:	
RELATION TO VOLUNTEER:	**PHONE NUMBER:**

MEDICAL INFORMATION
ALLERGIES:
ARE THERE ANY MEDICAL NEEDS (MENTAL, PHYSICAL, DEVELOPMENTAL) WE SHOULD BE AWARE OF?

PLEASE TURN PAGE OVER.

PERMISSION AND WAIVER

I grant permission for my child to be photographed and/or videotaped during *VACATION BIBLE SCHOOL* **activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.**

Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO_____

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used to promote VACATION BIBLE SCHOOL **at St. Christopher Parish.**

Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO_____

I understand that ensuring my child brings lunch is my responsibility. I grant permission for my child to leave church property for lunch during SETUP WEEK.

Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO_____

I understand that transportation to and from St. Christopher is my responsibility. I grant permission for another parent or camp volunteer to drive my child.

Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO_____

MEDICATION PERMISSION FORM

By initiating below, I give permission to **St. Christopher Parish for VACATION BIBLE SCHOOL** personnel to administer the following medication(s) as needed to my child for minor discomfort or injury. Please state how many tablets we can administer to your child.

_____ Acetaminophen (Tylenol) _____ tablets.

_____ Ibuprofen (Advil or Motrin) _____ tablets.

_____ Topical Medication (antibiotic ointment, calamine lotion)

The person named above is permitted to participate in the activities planned at:
St. Christopher Parish for VACATION BIBLE SCHOOL

I/We understand that reasonable precautions will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of an emergency. In any sickness or accident, the person(s) will not hold St. Christopher Parish, the Archdiocese of Toronto, or any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agree that any medical, dental, or hospital expenses incurred shall be at their own risk. The undersigned understands every effort will be made to notify the emergency contact if treatment is necessary.

_____

Parent/Guardian's Signature **Date**