



# The Parish of Saint Christopher

1171 Clarkson Road North, Mississauga, ON L5J 2W1 905-822-1171 Fax: 905-822-1311

Website: [www.stchristophersmi.archtoronto.org](http://www.stchristophersmi.archtoronto.org)

Email: [stchristophersmi@archtoronto.org](mailto:stchristophersmi@archtoronto.org)

Pastor: Rev. Joseph Rodrigues

Deacons: Terence Da Silva & Michael Minkowski

Pastoral Assistant: Michelle Brylowski Youth Minister: Levy Anne Ramos

## VACATION BIBLE SCHOOL 2022 VOLUNTEER FORM

(Please Print)

All volunteer forms and screening forms must be returned to the **Parish Office** by **Wednesday, June 1<sup>st</sup> 2022**.

**Please ensure you have filled out the Volunteer Application Form. You WILL NOT be able to volunteer without completing the volunteer screening process.**

### VOLUNTEER INFORMATION

Participant last name:	First:	Middle:	2022	T-SHIRT SIZE unisex adult Small / Medium / Large / X-Large	
Is this the participant's first year volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has somebody invited you? If yes who?		Birthday (mm/dd/yy) / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Grade	Primary phone no.: ( )		
City:	Province:		Postal Code:		

### CONTACT INFORMATION

Name:	Relationship to participant:	Day phone no.: <input type="checkbox"/> Text ( )
Email Address		Evening phone no.: <input type="checkbox"/> Text ( )
Secondary contact (Emergency)	Relationship to participant	Phone Number: ( )

### MEDICAL INFORMATION

Does your child have any medical, (Physical, Mental or Developmental) Needs we should be aware of?

PLEASE TURN THE PAGE

VOLUNTEER  
AGREEMENT

Vacation Bible School involves games, music (singing), storytelling, imagination and snacks. We need you to volunteer where your gifts are best suited. Please check one or more below.

Snacks \_\_\_\_ Story telling \_\_\_\_ Music \_\_\_\_ Imagination \_\_\_\_ games \_\_\_\_

I was a volunteer at VBS in the summer of 20\_\_\_\_, 20\_\_\_\_. 20\_\_\_\_, 20\_\_\_\_

I would like to be a crew leader. Yes \_\_\_\_ No \_\_\_\_

By signing this agreement form, I am agreeing and committing to be present, active, responsible and creative to ensure Vacation Bible School is a successful experience for all concerned. I will be on time and stay until all clean up and preparations are complete. **I understand that I must be available each day from Monday, July 16<sup>th</sup> until Friday July 20<sup>th</sup> and Monday July 23rd until Friday, July 27<sup>th</sup>.**

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

I give \_\_\_\_\_ permission to volunteer for the dates mentioned above for vacation Bible school. I understand that transportation to and from the church is our responsibility. We will support our teen in this endeavour to the best of our ability.

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

Model Release Statement

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

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

YES \_\_\_\_\_ NO \_\_\_\_\_

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

I/We understand that reasonable precaution 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 emergency. In the event of any sickness or accident person(s) will not hold St. Christopher Parish, the Archdiocese of Toronto, 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 agrees that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Do not forget to complete the Volunteer Application Form to start your volunteer screening process. You will not be able to volunteer without completing the volunteer screening process. Once completed, your volunteer status is valid for 5 years.**

**If there are any questions/concerns please contact Levy Anne Ramos at Iramos@archtoronto.**

