

**Middle School & High School Youth
Vacation Bible School Volunteer Application**



We are going to be stirring up a lot of excitement and we need your help!!

**PLEASE COMPLETE THE ATTACHED APPLICATION
INCLUDING PARENTAL PERMISSION FORM
(Please Keep This Sheet For Your Reference)**

HOSTED BY THE CATHOLIC COMMUNITY OF PLEASANTON

- WHEN:** JUNE 23- 27, 2008
Session 1: 8:00am-Noon or Session 2: 1:00- 5:00pm
FRIDAY NIGHT FAMILY LAB BUNSEN BURNER BBQ - 5:30pm
- WHERE:** ST. AUGUSTINE HALL, 3999 Bernal Ave. Pleasanton
- WHO:** All High School and Middle School students (2007-08 year) who would like to share God's love with the younger children of our community as a Power Lab Leader, Station Helper, Song Leader or Skit Actor. Ask your parents and older siblings to help as well.
- WHAT:** This is a great way to get involved in our Parish Community and make a difference. It also counts as service hours for Confirmation Candidates.

Sign up NOW!! Spots are limited. Application deadline is May 1st. Note the following dates **ALL volunteers are required to attend these meetings as well as the week of VBS.** If you have conflicts with **ANY** of these dates please make a note on the following sheet and Anne Marie will contact you. All meetings will be in St. Augustine Hall. We look forward to seeing you then. We are going to have an electrifying time!!!

- Orientation: Thursday, May 15th, 7:00pm-9:00pm**
- Retreat: Friday, June 6th, 7:00pm-10:00pm**
- Training: Friday, June 20th, 7:00pm-10:00pm**
- Decorating Hall: June 19th 6:30pm-9:30pm or 20th 9:00-Noon or 21st 9:00am-5:00pm or
Clean-up: June 28th 9:00am-Noon**
- Vacation Bible School: June 23rd – June 27th**
- Bunsen Burner BBQ: June 27th, 5:30pm**

Questions??? Call Anne Marie Gallagher at 484-5996 or magall1@aol.com

We look forward to seeing you at the Power Lab Orientation on May 15th!!!

**HIGH SCHOOL & MIDDLE SCHOOL VOLUNTEER APPLICATION
PLEASE COMPLETE ALONG WITH PARENTAL PERMISSION FORM**

Print clearly and use name you like to go by.

first name last name current grade (06-07) gender

Adult Shirt size (circle one): S M L XL (allow for shrinkage)

Mailing address including Zip: _____

Phone # _____ Email _____

(Please check email often for correspondence)

Have you helped with VBS at CCOP before? Yes NO

Reasons for volunteering this year. You can check more than one:

- I like to teach kids. I like to share my faith with kids.
 Confirmation Service hours Other _____

Which Session would you prefer to help at?

- AM Session (8am-noon) PM Session (1-5pm) Both

If the session you requested is no longer available we will contact you to see if the other session will work. If you don't hear from us assume that you are in the session that you requested.

If you have a conflict with any of the mandatory meetings below, please list the reason and Anne Marie will contact you.

- Orientation: Friday, May 15th, 7:00pm-9:00pm**
 Retreat: Friday, June 6th, 7:00pm-10:00pm
 Training: Friday, June 20th, 7:00pm-10:00pm
 **Decorating Hall: June 19th 6:30pm-9:30pm or 20th 9:00-Noon or 21st 9:00am-5:00pm
or Clean-Up, June 28th 9am-Noon**
 Vacation Bible School: June 23rd – June 27th

Please fill out Parental Permission Form and return both forms ASAP to:

**Anne Marie Gallagher
C/O CCOP VBS Volunteer
3330 Muscat Ct.
Pleasanton, CA 94566**

Application Deadline must be postmarked by May 1st

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION & RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child(ren)'s Name(s) _____ Parish _____

Address _____ Phone _____
(street, city, zip)

School(s) _____ Grade(s) _____ Birth Date(s) _____

Parent/Guardian's Name(s) _____ Home Phone _____

Address _____ Work Phone _____

Pager, Cell or other number _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems	Other _____				

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication? No Yes, List _____

State the date of your child's last physical examination: _____

Parental Permission and Acknowledgement of Conditions for Participation in Program

I/we, parent(s) or authorized guardian of the child(ren) named above give permission for his/her participation in the **Vacation Bible School Program (June 23-27, 2008) at St. Augustine's Hall, Pleasanton, CA**, and all related activities.

1. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
3. I/we understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above. Needs to be signed by at least one Parent or Guardian.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date