



Vacation Bible School 2021 Volunteer Interest Form

Name _____ Phone _____

Email _____ Student Phone _____

(If in Grades 5-12, please fill out the back of this form)

VBS runs Monday through Friday June 14—18 from 9am—12:30pm.
Volunteers typically help during that week from 8:30am-1:00pm.

Circle one: *5th Grade* *Middle School* *High School* *Adult*

Days Available during VBS: *All days* *Mon.* *Tues.* *Wed.* *Thurs.* *Fri.*

I can help decorate the weekend before VBS or complete activities at home.

What areas would you like to help with? *(If you are in 5th Grade, you can be a small group leader.)*

- All Areas**
- Decorating/Set Build
- Crafts
- Games (outdoors)
- Group Learning Activity
- Snacks
- Skits _____
- Music/Celebration

**Return volunteer form to
the Faith Formation
office or mail to:**

St. Gall Church, Attn: Vacation Bible School, 43W885 Hughes Rd., Elburn, IL 60119

All volunteers in the parish must fill out the necessary volunteer forms. Check with the office to see if you have forms on file. If you do not, forms will be provided for you. Anyone over 16 years old needs to complete the Protecting God's Children certification program. See reverse side for anyone under 18 years old.



For more information contact Donna
Doherty by email to
FaithFormation@stgall.com
or call 630-365-9166.

Upcoming Meetings:
<i>MON-March 15 from 6:30-7:30pm</i>
<i>SUN-April 11 from 1-2pm</i>
<i>SUN-May 16 from 1-2pm</i>
<i>FRI-May 21 from 6-8pm</i>
<i>WED-June 2 from 6-8pm,</i>
<i>WED-June 9 from TBD</i>
<i>FRI-June 11-12 TBD</i>
<i>SUN-June 13 from 2-8pm</i>
<i>(Set build, Prep, 5pm Mass, & Dinner)</i>

For Volunteers in Grades 5-12

Name _____ Parish _____

Last school year grade completed _____ Age _____

Address _____ School _____

City _____ ZIP _____ Child's Cell Phone _____

I give permission for St. Gall employees to contact my child through their email and/or cell phone. I will be included in any communication with my child.

Parent Name _____ Signature _____

Parent Phone _____ Email: _____

Allergies or other medical conditions: _____

In case of emergency, contact:

Name _____ Phone _____

Relationship to Youth _____ Parent Initials _____

Liability and medical forms required for each child/teen not accompanied by a parent. Check with the FF Office to see if you have forms on file.

Teens 16 years of age or older must fill out volunteer forms.
Check with the FF Office to see if you have forms on file.

For more information contact Donna Doherty:
Email to FaithFormation@stgall.com or call 630-365-9166.

Thank You for Volunteering!

Liability

Medical

Volunteer Forms
(if 16 or older)