

# Vacation Bible School 2023

## 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 12—16 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.)*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>All Areas</b>     | <input type="checkbox"/> Group Learning Activity |
| <input type="checkbox"/> Decorating/Set Build | <input type="checkbox"/> Snacks                  |
| <input type="checkbox"/> Crafts               | <input type="checkbox"/> Skits _____             |
| <input type="checkbox"/> Games (outdoors)     | <input type="checkbox"/> 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 [donna@stgall.com](mailto:donna@stgall.com)  
or call 630-365-9166.



# For Parents of 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 [donna@stgall.com](mailto:donna@stgall.com) or call 630-365-9166.

***Thank You for Volunteering!***

*For Office Use:*

Liability

Medical

Volunteer Forms  
(if 16 or older)