

St. Mary Vacation Bible School Ministry 2017

Volunteer Application

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Home Parish \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Preferred mode of communication \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

When are you available to help? \_\_\_\_\_

Do you have any medical conditions we should be aware of? \_\_\_\_\_

**THANK YOU!!** We could not offer these programs without volunteers like you!

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Parish DRE \_\_\_\_\_ Approved \_\_\_\_\_

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Office Use Only

VIRTUS Cert. \_\_\_\_\_ Med Rx Form \_\_\_\_\_ I-CHAT \_\_\_\_\_ Fprints (2days) \_\_\_\_\_