

Adult Volunteer Form

Catholic Kids Camp 2017

Name of Adult Volunteer: _____

Mailing address: _____
Street address City Zip

Contact phone number: _____ Gender: ___ Male ___ Female

T-Shirt size (circle size choice) AS AM AL AXL AXXL

Do you need childcare? (under 3 years of age) Yes _____ No _____
(Please complete a childcare form)

PRINT CLEARLY Please provide an email address that is checked regularly, you will receive all information thru email from stphilipxvbs@gmail.com. Please be sure to check junk email frequently over the summer for updated information.

Email: _____

Have you volunteered within St Philip before? _____ Volunteered at VBS: _____

Are you able to work all 5 days? _____ If No, when Avail? _____

If Crew Guide, do you want to be placed with your child: Yes ___ No ___ Name: _____

Please see Reverse Side

Are you interested in a station leader role (all activities are guided with a detailed book, supplies provided and additional helpers): _____

Please indicate the station you would be interested in leading:

Preschool:

Crafts Music Games Faith Bible

Elementary:

Crafts Music Faith Bible Games

Circle Area of Interest (indicate 1st, 2nd & 3rd choices):

Music (teaching the songs and dance moves) **PRESCHOOL** **ELEMENTARY**

Games (playing games outside) **PRESCHOOL** **ELEMENTARY**

Crafts (creating the crafts w/the kids) **PRESCHOOL** **ELEMENTARY**

Faith (relating the bible point to the days teaching) **PRESCHOOL** **ELEMENTARY**

Bible (teaching the bible story related to the days teaching) **PRESCHOOL** **ELEMENTARY**

Crew Guide (leading a small group of children to each activity) **PRESCHOOL** **ELEMENTARY**

Childcare (caring for infants and toddlers under 3, involves changing diapers)

FOR OFFICE USE ONLY

VF rcvd _____

CTP taken _____

Form E rcvd _____

Credit hrs mailed _____

Ref chkd _____

Form A rcvd _____

Ins copy rcvd _____

Database entered _____