

# St. Joseph's Vacation Bible School 2010



June 14 – 18, 2010

8:30 a.m. to 12:00 noon

PLEASE RETURN REGISTRATION FORMS TO CODY ENRICHMENT CENTER ONLY

Name: \_\_\_\_\_  
Last First MI

Telephone: \_\_\_\_\_  
Home Cell

Address: \_\_\_\_\_  
Street City, State, Zip code

E-mail: \_\_\_\_\_

## ADULT VOLUNTEER REGISTRATION FORM

Full Time    Part Time    Date(s) Available: \_\_\_\_\_ Time(s) Available: \_\_\_\_\_

Have you volunteered for VBS before?  Yes  No Will you be a volunteer for VBS:  All Week  Part Time

If part time, what days and hours can you volunteer? \_\_\_\_\_

Area of interest (we will attempt to accommodate you):    **Arts & Crafts**    **Classroom**    **Nursery**    **Refreshments**    **Other**

Have you been fingerprinted in the past 5 years in the Diocese of St. Augustine?  Yes  No

Have you completed a "Protecting God's Children" workshop?  Yes  No

All adults must be fingerprinted and must have a certificate for the "Protecting God's Children" Workshop in order to volunteer for VBS. If you need to be fingerprinted, you will have an opportunity to do so at the staff meeting scheduled for adult volunteers. If you need to take the "Protecting God's Children" workshop you will need to log onto their website at [www.virtus.org](http://www.virtus.org), the password is "trust", and attend one of the workshops prior to June 14, 2010.

Registration fees for Classroom Teachers and Classroom Teacher Assistants' children are waived. Children's t-shirts will have to be purchased for each child, whether paying registration fees or not.

VBS Wear    Adult Volunteers pay for their VBS T-shirts and their children's T-shirts. Adults will receive theirs at set-up. Additional VBS T-shirts are available for \$8.00 each.

T-Shirts:	Youth Sizes	S(6-8)	M (10-12)	L (14-16)	XL (18-20)	
	Adult Sizes	S(8-10)	M (10-12)	L (14-16)	XL (18-20)	XXL

T-Shirts    Y    A    Size    Y    A    Size  
 Name: \_\_\_\_\_   \_\_\_\_\_ Name: \_\_\_\_\_   \_\_\_\_\_

VBS T-Shirts	8.00/each	_____ (# _____)	<b>Please make checks Payable to St. Joseph's VBS</b>
TOTAL	\$ _____		<b>Fees Received: Cash</b> _____
			<b>Check No:</b> _____

### CHILD CARE IS PROVIDED FOR VOLUNTEERS' CHILDREN AGES 0 TO 4 YEARS OLD:

Child #1	_____	_____	_____	<b>Potty Trained</b>
	Name	DOB	Special Needs or Request if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child #2	_____	_____	_____	<b>Potty Trained</b>
	Name	DOB	Special Needs or Request if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child #3	_____	_____	_____	<b>Potty Trained</b>
	Name	DOB	Special Needs or Request if any	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact: \_\_\_\_\_  
 (other than onsite relative)    Name    Relationship    Telephone

**ALL FEES MUST BE RECEIVED AT TIME OF REGISTRATION**  
 For information contact Terry Chrisley, Director at 622-7305, [tchrisley@clearwire.net](mailto:tchrisley@clearwire.net)