St. Joseph's Vacation Bible School 2011

June 20 – 25, 2011 **8:30 a.m. to 12:00 noon**

PLEASE RETURN REGISTRATION FORMS TO THE CODY ENRICHMENT CENTER ONLY

ADULT VOLUNTEER REGISTRATION FORM

Name: _____
Last First MI

Telephone: _____
Home Cell

Address: _____
Street City, State, Zip code

E-mail: _____

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, the password is "trust", and attend one of the workshops prior to June 20, 2011.

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)

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

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

Child #1

Name DOB Potty Trained? Special Needs or Requests (If Any)

Child #2

Name DOB Potty Trained? Special Needs or Requests (If Any)

Child #3

Name DOB Grade (Spring 2011) Special Needs or Requests (If Any)

ALL FEES MUST BE RECEIVED AT TIME OF REGISTRATION
Contact Terry Chrisley, Director 622-7305, tchrisley@clearwire.net