

**St. Timothy's Episcopal Church**  
**Vacation Bible School 2017 – Volunteer Form**

July 24 – 27, 2017; 9:00 a.m. - 3:00 p.m., July 28; 9:00 a.m. – 1:00 p.m.

**Registration Deadline: July 14; 12:00 noon**

**I WANT TO VOLUNTEER!**

Name \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

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

***In case of an EMERGENCY, please notify:***

Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteer days at VBS (please check):**      **M**    **T**    **W**    **TH**    **F**  
**Volunteer t-shirt size (please check):**      **S**    **M**    **L**    **XL**    **XXL**

**Please check what you are willing to help with:**

Registration at VBS	Kitchen crew	
Craft preparation	Lunch shopping	Preschool assistant
Craft/activity stations	Snack shopping	

**ADULT PHOTO PERMISSION:** I understand that I may be photographed while participating in the activities of St. Timothy's family ministry programs. I **(DO)** or **(DO NOT)** give permission for a recognizable image of me to be displayed on the internet, St. Timothy's website, flyers or bulletin boards. I do understand that a non-recognizable image, such as a group picture may be used.

_____	_____
<b>Date</b>	<b>Signature</b>

**ADULT MEDICAL RELEASE:** I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. My insurance information is as follows:

Provider: \_\_\_\_\_ Group No. \_\_\_\_\_  
Primary Insurance Holder: \_\_\_\_\_ ID No. \_\_\_\_\_

\_\_\_\_\_  
**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

<b>Questions or concerns? Please contact:</b>	
<b>The Rev. Susan Geissler-O'Neil</b> Interim Associate Rector	<b>925-837-4993 ext. 113</b> <a href="mailto:SGeisslerOneil@SaintTimothysDanville.org">SGeisslerOneil@SaintTimothysDanville.org</a>