## 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

Name						
Phone (day):						
E-mail:						
In case of an EMERGENCY, please notify:						
Name/Relationship:		/			Phone:	
Volunteer days at VBS (please check)	: М	Т	W	TH	F	
Volunteer t-shirt size (please check):	S	M	L	XL	XXL	
Please check what you are willing to I	nelp with:					
Registration at VBS Craft preparation Craft/activity stations	Kitchen crew Lunch shopping Snack shopping		Pres	Preschool assistant		
,		J	anhed wh	ile narticin	ating in the activities of St. Timothy's family ministry	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g	and that I may be ive permission for	photogra r a recog	nizable in	nage of me	ating in the activities of St. Timothy's family ministry to be displayed on the internet, St. Timothy's website, are may be used.	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g	and that I may be ive permission for	photogra r a recog	nizable in uch as a	nage of me	to be displayed on the internet, St. Timothy's website,	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g flyers or bulletin boards. I do understand that a notate  Date  ADULT MEDICAL RELEASE: I hereby at and hospital care which is deemed advisable by, on the staff of any licensed hospital. This author to provide authority and power to render care which follows:	and that I may be ive permission for non-recognizable uthorize and constant is to be rendrization is given in hich is deemed ad	ent to an advance visable in	Signy x-ray experience of any single the best	nage of me group pictunature camination neral or sp pecific diag	to be displayed on the internet, St. Timothy's website, are may be used.  , anesthetic, medical or surgical diagnosis or treatment pecial supervision of any licensed medical personnel gnosis, treatment or hospital care required, but is given of the physician. My insurance information is as	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g flyers or bulletin boards. I do understand that a notate  Date  ADULT MEDICAL RELEASE: I hereby at and hospital care which is deemed advisable by, on the staff of any licensed hospital. This author to provide authority and power to render care which is deemed actions and the staff of any licensed hospital.	and that I may be live permission for non-recognizable uthorize and constant is to be rendrization is given in lich is deemed ad	ent to an advance visable in	Sig y x-ray ex der the ge e of any s n the best	nage of me group pictunature camination neral or sp pecific diag	to be displayed on the internet, St. Timothy's website, are may be used.  , anesthetic, medical or surgical diagnosis or treatment pecial supervision of any licensed medical personnel gnosis, treatment or hospital care required, but is given of the physician. My insurance information is as	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g flyers or bulletin boards. I do understand that a notate  Date  ADULT MEDICAL RELEASE: I hereby at and hospital care which is deemed advisable by, on the staff of any licensed hospital. This author to provide authority and power to render care whist follows:  Provider:	and that I may be ive permission for non-recognizable uthorize and cons, and is to be rendization is given in inch is deemed ad	ent to an advance visable in	Signy x-ray executive of any signs the best	nage of megroup pictural nature  kamination neral or specific diagree judgment  Grou	to be displayed on the internet, St. Timothy's website, are may be used.  , anesthetic, medical or surgical diagnosis or treatment pecial supervision of any licensed medical personnel gnosis, treatment or hospital care required, but is given of the physician. My insurance information is as	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g flyers or bulletin boards. I do understand that a reserved by the provide authority and power to render care who follows:  Primary Insurance Holder:  Date  Date  Date  Date	and that I may be ive permission for non-recognizable uthorize and constant is to be rendrization is given in inch is deemed ad	ent to an advance visable in	Signy x-ray executive of any signs the best	nage of megroup pictural nature  kamination neral or specific diagree judgment  Grou	to be displayed on the internet, St. Timothy's website, are may be used.  , anesthetic, medical or surgical diagnosis or treatment pecial supervision of any licensed medical personnel gnosis, treatment or hospital care required, but is given of the physician. My insurance information is as app No	
ADULT PHOTO PERMISSION: I underst programs. I (DO) or (DO NOT) g flyers or bulletin boards. I do understand that a notate  Date  ADULT MEDICAL RELEASE: I hereby at and hospital care which is deemed advisable by, on the staff of any licensed hospital. This author to provide authority and power to render care which follows:  Provider:  Primary Insurance Holder:	and that I may be ive permission for non-recognizable uthorize and constant is to be rendrization is given in inch is deemed ad	ent to an advance visable in	Signy x-ray executive of any signs the best	nage of megroup pictural nature  kamination neral or specific diagree judgment  Grou	to be displayed on the internet, St. Timothy's website, are may be used.  , anesthetic, medical or surgical diagnosis or treatment pecial supervision of any licensed medical personnel gnosis, treatment or hospital care required, but is given of the physician. My insurance information is as app No	

**Questions or concerns? Please contact:** 

The Rev. Susan Geissler-O'Neil 925-837-4993 ext. 113

Interim Associate Rector SGeisslerOneil@SaintTimothysDanville.org