



Vacation Bible School
June 12-16, 2017
St. Anne Catholic Church
Volunteer Form-ADULT

Virtus Trained (circle one) Yes or No

Last Name _____ First Name _____

Street Address _____

City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Volunteer Position Preferred: _____

Email Address _____

How did you hear about VBS? _____

T-shirt Size Adult (AS, AM, AL) or Youth (YS, YM, YL) _____

Physician's Name _____

Hospital Name _____

Physician's Phone _____

Hospital Phone _____

Physician's Address _____

Insurance Carrier _____

Name of Insured _____

Group Number _____

Verification Phone # _____

ID Number _____

Please mail form to:

Scott Harr
CCE – Children Religious Education
2140 Westheimer, Bldg. H
Houston, TX 77098

Emergency Contact

Name _____ Relationship _____ Phone _____

Permission

I give permission to be treated and/or transported by ambulance to the above hospital or the closest hospital in the event of an emergency.

Signature _____ Date _____