



# Teen Volunteer Application/Medical Release

St. Anne Catholic Church  
2140 Westheimer, Houston,  
TX June 12-16, 2017  
8:00a-12:30p Student  
Volunteer Intent Form

*We are looking forward to another great group of teen volunteers this year. Thank you for your interest in volunteering. Please indicate your favorite area to work by filling out this form.*

## PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2016-2017 \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Parent's name \_\_\_\_\_

1. Have you volunteered at St. Anne's VBS before? Y/N
2. Have you volunteered with another ministry at St. Anne's? Y/N  
If so, which  
one \_\_\_\_\_
3. If you worked at St. Anne's VBS before, when and what did you do? \_\_\_\_\_
  - a. (i.e. worked in classroom, games, snacks, arts & crafts, music, helped with set-up or take-down)
4. Have you attended VBS at St. Anne's? Y/N  
When? \_\_\_\_\_
5. If you have not volunteered before, who could recommend you and how do we contact him/her?  
\_\_\_\_\_
6. What area are you interested in working this year:  
\_\_\_\_\_  
(classroom with preschool or lower elementary or upper elementary, arts & crafts, games, VBS set-up)
7. Will you be working for volunteer hours? Y/N For which organization? \_\_\_\_\_
8. Why did you choose VBS for volunteering?  
\_\_\_\_\_

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 \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Permission (Must be signed by a Parent )**

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

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

**Parent Consent**

I give permission for my child to be photographed/video recorded and used in St. Anne publications and website.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Intent**

I will work to be a good example for the young children attending VBS. I am willing to do my best at the assignment I accept at VBS, doing my part to make the children's experience at VBS one that reflects Jesus' love for them.

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

<p><b><u>Please mail form to:</u></b> Scott Harr CCE – Children Religious Education 2140 Westheimer, Bldg. H Houston, TX 77098 (713) 525-4273</p>
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