

# VACATION BIBLE SCHOOL ADULT VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Best Contact Number: \_\_\_\_\_ is this a home or cell phone (please circle)

Email Address: \_\_\_\_\_ *only include if you regularly check your email*

Home Parish: \_\_\_\_\_ How long have you been a parishioner? \_\_\_\_\_

Have you completed a Sexual Abuse Awareness/Prevention Training Course, such as VIRTUS, through your home parish or diocese? Yes No Unsure

Have you had a background check completed through your home parish? Yes No Unsure

Have you volunteered for VBS in the past? Yes No If yes, what role: \_\_\_\_\_

Adult volunteers are needed in a variety of roles, as both leaders and helpers. Activity stations include: Crafts, Science, Storytelling, Recreation/Games, Music, Snacks, Mission. Grade level leaders are also needed.

Please indicate, in order of preference, which areas you are interested in helping with. If an activity station and you are willing to be the primary leader, please note. If grade level, please be sure to include which grade. We do our very best to accommodate preferences, but hope that you can be flexible to ensure the safety and needs of all VBS participants are met.

**1<sup>st</sup> Choice:** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_

**3<sup>rd</sup> Choice:** \_\_\_\_\_

Do you have any medical conditions, food allergies or special needs that we should be aware of?  
Yes No (Circle One)

If YES, specify \_\_\_\_\_

(OVER)

We are happy to be able to provide babysitting services for children of volunteers that are too young to participate in Vacation Bible School. If you need babysitting, please list the names and ages of the children that will be in the nursery.

---

Please list the names of two character references. These should be people who are not related to you and who have known you for two (2) or more years.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

I affirm that the information contained in this application is true and complete to the best of my knowledge. I content and authorize the agents affiliated with Vacation Bible School to undertake any and all investigate deemed appropriate in connection with this application.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE