



Christ, Our Light! "Rainforest Falls" VBS Vacation Bible School

July 13 - 17, 2026
9:00 AM - 12:00 PM



VOLUNTEER REGISTRATION FORM

One form per volunteer. Please complete both pages, front and back.

First Name: _____ Last Name/Surname: _____

Address: _____ City: _____ Zip: _____

The parish where you attend: _____

Phone Numbers: _____

Email Addresses: _____

VBS VOLUNTEER T-SHIRT

T-shirt Type (circle one): **Adult / Youth**

T-shirt Size (circle one): **XS / S / M / L / XL / XXL**

Adult volunteer **Middle School volunteer** **High School volunteer**

Volunteers under 18: Date of Birth: _____ Grade entering Fall 2026: _____

Gender (circle one): **Male / Female**

I am able to attend VBS Monday through Friday, 8:45am to 12:15pm

I can attend VBS only on these days (circle days): M T W Th F

NOTE: Assignment preferences will be given to those who are able to attend all 5 days of VBS.

In case of emergency, contact:

Name: _____ Relationship: _____

Phone Numbers: _____

PHOTOGRAPH / VIDEO PERMISSION

Please be advised that pictures and full name of your child(ren) may be taken and used on our website, bulletin, and/or Facebook page. If you do NOT want your child(ren) to be photographed, a signed and dated written note, addressed to Faith Formation, must be attached to this registration form.

ALL VOLUNTEERS: COMPLETE OR UPDATE AOD SAFE ENVIRONMENT REQUIREMENTS BY 6/30/26

Please refer to <https://protect.aod.org/training-screening>

Volunteers 18 and older: Date completed current Protecting God's Children training _____

High School volunteers: Date completed Healthy Relationships for Teens training _____

VOLUNTEER REGISTRATION DEADLINE: 6/8/2026

Questions? Contact Theresa Lee in the Faith Formation Office
248-649-5510 ext. 107 or email theresa.lee@coltroy.org

Must complete the back page of this registration form. Adult volunteers: complete back page with your info.

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: 2026 Vacation Bible School at Christ, Our Light! Parish

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Parent/Guardian's Signature: _____ Date: _____

Name of Parent or Guardian (**PLEASE PRINT**): _____

Campers & volunteers with food allergies are kindly asked to drop off their snacks each morning at check-in.

OFFICE USE ONLY

Total Amount Due: \$ _____

Total Amount Received: \$ _____

Check / Cash Check #: _____ Payment Rec'd on: _____ Received by: _____

Amount Remaining: \$ _____

Registration Form Rec'd on: _____ Received by: _____