



# Christ, Our Light! "True North" VBS Vacation Bible School

July 21 - 25, 2025

9:00 AM - 12:00 PM



## VOLUNTEER REGISTRATION FORM

One per volunteer. Please complete both sides, front and back.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

**VOLUNTEER T-SHIRT FEE: \$5.00**

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

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

\_\_\_\_ I am able to attend Monday through Friday 8:45am to 12:15pm

\_\_\_\_ I can attend only these days (*circle days*): M T W Th F

### NOTE FOR TEEN VOLUNTEERS:

Assignment preferences will be given to those who are available all 5 days.

**If under 18:** Birthdate: \_\_\_\_\_ Grade entering Fall of 2025: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Church: \_\_\_\_\_

### **VOLUNTEER REGISTRATION DEADLINE 6/23/2025**

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

### **ALL VOLUNTEERS MUST COMPLETE AOD SAFE ENVIRONMENT REQUIREMENTS**

**Volunteers 18 and older:** Completed Protecting God's Children training? \_\_\_\_ Yes \_\_\_\_ No

**High School students:** Completed Healthy Relationships for Teens training? \_\_\_\_ Yes \_\_\_\_ No

**Please remember to complete the back page of this registration form.**

Office Use Only: Amount \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

FINAL REVISION

# 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: **2025 Vacation Bible School at Christ, Our Light! Parish**

Address: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

**Campers & volunteers with food allergies, we kindly ask you to drop off your snack in the morning at check-in.**

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.

## 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. Please attach a written note to this registration form addressed to Faith Formation if you DO NOT want your child(ren) to be photographed. The note must be signed and dated.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian (**PLEASE PRINT**): \_\_\_\_\_