



Teen VBS Team Application

Applications due to the Faith Formation Office
by Friday, June 14, 2019

Adult and teen team intro meeting
Wednesday, June 5, 2018, 6-7:30 pm.

Pizza provided!

Name: _____

Address: _____

Teen Email address: _____

Best phone number to reach teen: _____ Can we text you at this number? ____ Y ____ N

Age: _____ on July 22, 2019

Grade completed in June 2019: _____ T-shirt size: _____

(Sizes S (34-36), M (38-40), L (42-44), XL (46-48)) (2XL (50-52), 3XL (54-56))

Parent contact info: Name _____

Parent Email: _____

Parent phone: _____

As best you can please answer the following questions:

1. Describe any experience you have working with children

2. What job would you wish to do during VBS this year?

Describe the qualities you have that would make you suitable for this job?

3. What age group of children would you say you work best with?

4. What experience do you have, if any, with VBS?

5. If there was a choice between you and another teen to pick as a part of the team, explain why you feel you'd be the right choice

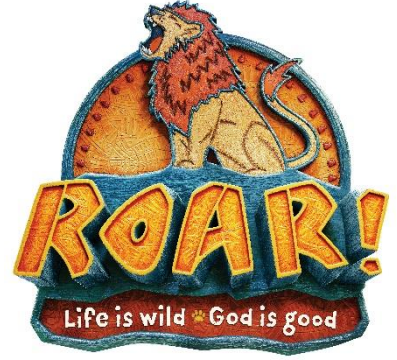
Please list any summer time commitments you have that may conflict with training or the actual dates of VBS. Please be as specific as possible (For example, I work every Monday evening from 4-9pm)

If you have any questions or concerns while filling this out, please contact the Faith Formation Office at 518-785-1605.



**OUR LADY OF THE ASSUMPTION CHURCH
LATHAM, NY**

PARISH RELEASE & CONSENT FORM



Activity:	Vacation Bible School
Date:	Monday, July 22-Friday July 26, 2019; 8am-1pm
Location:	Our Lady of the Assumption Church 498 Watervliet-Shaker Road Latham, NY 12110

Name _____ Age _____ Grade _____

• **Parent/Guardian:**

I, _____, give permission for my son/daughter

_____ to attend the above mentioned event, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequences that may arise as the result of this treatment. I will not hold Our Lady of the Assumption Parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the parish. If my child fails to abide by such rules he/she may be dismissed from the activity and I will be responsible for his/her transportation home.

X _____
Signature of Parent or Guardian **Date**

Allergies _____ Required Medications _____

Special Medical Conditions _____ Current Tetanus Booster Y _____ N _____

Insurance Carrier _____ Policy # _____

In case of emergency, parents/guardians may be reached at phone # _____

• **Photo Release:**

I authorize and give consent for the taking of pictures (moving or still) of said youth, and further give permission for the reproduction of pictures for use in media, including but not limited to newspapers, magazine, radio and television. Photos may also be used in the church bulletin, on the church website, in brochures, mailings, and other printed materials.

Signed, _____ Date _____
No signature here denotes that you do not give permission for use of photo materials.

