

Youth Volunteer Form

Good Shepherd Catholic Church
867 Grays' Woods Blvd.
June 17-21, 2024 (Monday-Friday)
8:30 a.m. - 12:30 p.m.



Return this Youth Volunteer Form to the Parish Office **ASAP!**

Or you may mail to: *Good Shepherd Church, 867 Gray's Woods Blvd., Port Matilda, PA 16870*

2024 VBS YOUTH VOLUNTEER Form

Name: _____ Age: _____ Entering Grade: _____
Fall 2019

Address: _____ Home phone: _____

City: _____ E-MAIL CONTACT: _____

Mom's name: _____ Cell #: _____ Work #: _____

Dad's name: _____ Cell #: _____ Work #: _____

Church/Parish: Good Shepherd Other: _____

Please rate your preferences for the area to serve (1-8):

During VBS, I would like to help in one or more of the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Music |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Set up/Tear Down |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Where most needed |
| <input type="checkbox"/> Crafts | |
| <input type="checkbox"/> Kitchen/Snacks | |

Return form early to receive your first choice!

Alternate Emergency Contact for week of VBS: Name: _____

Phone number(s): _____
Home Phone Cell Phone Work Phone

PLEASE COMPLETE PAGE 2

AUDIO/VISUAL TAPING & PHOTOGRAPHY CONSENT FORM

Good Shepherd Parish might record images of Children/Youth in VBS on videotape and/or photographs during church sponsored activities, such as VBS, Faith Formation Sessions, retreats, masses, etc. These images could be posted in newsletters, posters, parish website(s), event promotion, and other printed media. Occasionally, printed photos are posted on bulletin boards in the Church. I consent to the use of such materials in which my children may appear. I release the staff and volunteers of the Good Shepherd and the Diocese of Altoona-Johnstown from any liability connected with the use of pictures or voice recording as part of any of the above or similar activities.

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the Parish in writing, all references to my child/youth (i.e., name, likeness, and/to photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. [I understand that the Parish is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image).] I further understand that my child's/children's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

VOLUNTEER NAME: _____

_____ Date: _____

Signature of Parent or Legal Guardian

FOR OFFICE USE ONLY: DATE RECEIVED: _____ PHOTO PERMISSION: YES ___ NO ___
