



**St. Martin's VBS 2019  
Parent's Permission Volunteer Form**

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

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

**I am serving at VBS to love, grow, and nurture the children entrusted in my care, as well as encourage and help my peers and elders. I understand my participation is a reflection of Christ to those around me, so I will use my time, actions, attitude, and words to build up the body of Christ. I acknowledge this statement, knowing I will be held accountable to it during the week of VBS.**

Volunteer's Signature: \_\_\_\_\_

**I understand my child has volunteered for VBS. I will encourage him/her to fulfill this commitment.**

**I grant St. Martin of Tours permission to use my or my child's likeness, without names, in photographs, video recordings or electronic images, in any and all of its publications, including website and social media entries, without payment or any other consideration.**

Parent Signature: \_\_\_\_\_

**Volunteer Availability:**

July 28, 12-5pm	Yes	No	Other: _____
July 29, 7am-1pm	Yes	No	Other: _____
July 30, 7am – 1pm	Yes	No	Other: _____
July 31, 7am – 2pm	Yes	No	Other: _____
Aug 1, 7am – 1pm	Yes	No	Other: _____
Aug 2, 7am – 3pm	Yes	No	Other: _____

\*Please let us know if this availability changes\*

PLEASE RETURN TO ST. MARTIN OF TOURS 1140 ABBOTT RD OR EMAIL TO  
JENNIFERTOJEK@GMAIL.COM TO COMPLETE REGISTRATION PROCESS!