



VOLUNTEER INFORMATION
St. Catherine of Siena Parish
"Message Received" Vacation Bible School
August 7th-11th, 2017, 9:30 a.m.-12:00 p.m.

Volunteer Information

Name (M/F): _____

Age 17 or older? (Yes/No) (Please circle one)

Entering grade _____ in fall 2017 (if applicable)

Address: _____

Email Address: _____

Phone Numbers: (Home): _____ (Cell): _____

Emergency Contact Name: _____

Emergency Contact Phone #: (Home): _____ (Cell): _____

Special Concerns: Allergies? Other? _____

Desired VBS "Job"

Please place a "1" next to your most desired job and a "2" next to your second choice.

_____ Arts and Crafts Community Corner (Service Themed Activities) _____
_____ Snacks and Reflection/Bible Story Fun and Games (Outdoor Activities, Games) _____
_____ "Counselor" (Grade desired -Pre-K through 5 _____)

Are you available all five days from 9:30 a.m. to 12:00 p.m.? Yes/No

I am NOT available on _____.

Do you have a child or sibling whose group you would like to be a counselor for? Yes/No

If yes, child's name: _____

Is there another person you would like to volunteer with? (Name) _____

Completed volunteer forms should be returned to:

Leah Ramsdell
St. Catherine of Siena Parish
547 Washington Street
Norwood, MA 02062

Please email Leah at ymindirector@gmail.com or call her at (781)762-6080 Ext. 13 if you have any questions.

