

Junior Camp Volunteer Sign-Up



**St. John Neumann
Vacation Bible School
July 14-18, 2025
9:00 a.m. – 12:30 p.m.**

Calling all middle and high school students! We need YOUR HELP!

We are looking for **rising 6th – 12th graders** to help lead our activities at **Vacation Bible School** this summer. Volunteer positions are described below. All volunteers **must be available from 8:30 a.m. – 1:00 p.m. for the entire week of July 14 – 18. 22 Service Hours** will be given for all volunteers requiring service hours. This is a great opportunity for teenagers to take their role as leaders in our parish and to enjoy a week sharing our Catholic Faith with younger children through fun activities!

**Parental permission is required for all volunteers under 18 years old. See on the other side.*

***All volunteers who will be 18 years or older by July 14th must comply with the Diocesan volunteer eligibility program "Protecting God's Children." Please contact Phil Prinzivalli at pprinzivalli@saintjn.org or 703-860-6156 if you need information on how to complete the program or have any questions regarding your status.*

Please indicate your preference of the volunteer options below by ranking them 1st through 2nd choice in the boxes!

- Crew Leader:** All elementary campers will be placed in a 5-person crew with one teen crew leader. The crew leader's job is to guide their crew from station to station, assist at each station's activities, and help the crew join in the fun!
- Assistant Station Leader:** The assistant station leader's job is to assist where necessary at a specific station (games, bible adventures, crafts, movies). Unlike crew leaders, assistant station leaders stay in one location throughout the day and do not have a specific crew assigned to them.

**Turn over to complete form**

**St. John Neumann VBS 2025
JUNIOR CAMP VOLUNTEER REGISTRATION FORM**

All registered volunteers will receive a Staff T-shirt!

Circle your size preference – Adult Size: S M L XL 2XL

Name: _____ Age: _____ Grade Fall 2025: _____

Parent's Phone (Accessible during VBS hours): _____

Teen Volunteer's E-Mail: _____

Parent's E-mail: _____

Emergency contact person during VBS Hours: _____

Cell Phone (Accessible during VBS Hours): _____

****Parental Permission and Waivers on the next page***

**Drop off your completed form at the Faith Formation Office.
Contact Silvia Bustamante, sbustamante@saintjn.org or 703-390-2348 with questions.**

Vacation Bible School 2025 Parent Permission and Waivers

Parental Permission and Liability Release: As parent/legal guardian of the participant named here, I give my permission to participate fully in Vacation Bible School from July 14, 2025, through July 18, 2025. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Parent Signature and Printed Name: _____

Photo, Press, Audio, and Electronic Media Release: I authorize St. John Neumann Church, its ministries, and its affiliated organizations and ministries (such as the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald) to use and publish my child's photograph, video and/or audio recording for educational, news/community stories, illustration and/or marketing purposes. (This could include, but is not limited to, bulletin boards in the parish, the parish bulletin, the parish website.) We will not use youth names without obtaining further permission.

Parent Signature and Printed Name: _____

Informed Consent to Medical Treatment: I request that in my absence the minor named here be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Parent Signature and Printed Name: _____