

2021 Volunteer Registration



VACATION BIBLE SCHOOL

JULY 18-22 | 5:30-8:15pm

Orientation: Thurs., July 15, 6pm or Sat., July 17, 10am

Name _____

Phone: _____

Email: _____

CIRCLE ONE

T-shirt (\$8.50): ☐ Yes ☐ No Size _____ Paid: ☐ Yes Cash ☐ Check Website ☐ Not yet

SIZES: Y-Sm 6-8 Y-Med 10-12 Y-Lg 14-16 Y-XL 18-20 Ad-Sm Ad-Med Ad-Lg Ad-XL Ad-2XL (\$10.50) Ad-3XL (\$11.50) Ad 4XL (\$12.50)

MEDIA RELEASE: I consent to the use of my image being used by the Church for recording, publication, exhibition, and reproduction to be used for public affairs, website, social media, videos, & promotional purposes. ☐ Yes ☐ No

Why did you say "YES" to serving? _____

What are you hoping to get from this experience ? _____

Days you will serve:

- ☐ Sunday, July 18
- ☐ Monday, July 19
- ☐ Tuesday, July 20
- ☐ Wednesday, July 21
- ☐ Thursday, July 22
- ☐ ALL WEEK
- ☐ Orientation Thurs., July 15, 6pm
- ☐ Orientation Sat., July 17, 10am



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2021 Volunteer Registration Continued

MEDICAL / HEALTH INFORMATION

In the event reasonable attempts to contact my emergency contact person have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary, or in the event the designated practitioners are not available, then for the transfer of myself to _____ hospital.

Emergency Contact Person: _____ **Phone:** _____

Are there any **special needs** we need to be aware of (allergies, health conditions, physical, behavioral, or emotional concerns, etc.)?

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named person. I understand that there are inherent risks involved in any ministry, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I/he/she is injured and requires the attention of a Doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Anyone with symptoms of illness (i.e. fever, tiredness, dry cough, aches & pains, congested/runny nose, sore throat, diarrhea) will not be allowed to participate. Grand View asks that any participant with exposure to COVID-19 or a positive COVID-19 diagnosis, be reported to Grand View's Faith Formation Coordinator, Jacob Nastruz. Please contact our Faith Formations Coordinator, Jacob, at jacob@grandviewdubuque.org if you have any questions or concerns.

Volunteer Signature: _____

Date: _____

For more information: Contact Children & Youth Faith Formations Coordinator Jacob Nastruz at jacob@grandviewdubuque.org or call 563-582-8875.



Grand View
UNITED METHODIST CHURCH
dubuque • iowa

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