



**Saint Anne Catholic Community
Vacation Bible School • June 18-22, 2018
Volunteer Form-ADULT**

Virtus Trained (circle one) Yes or No

Last Name _____ First Name _____

Street Address _____

City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Volunteer Position Preferred: _____

Email Address _____

How did you hear about VBS? _____

T-shirt Size: Adult (AS, AM, AL) or Youth (YS, YM, YL) _____

Physician's Name _____ Hospital Name _____

Physician's Phone _____ Hospital Phone _____

Physician's Address _____

Insurance Carrier _____

Name of Insured _____

Group Number _____

Verification Phone # _____

ID Number _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Permission

I give permission to be treated and/or transported by ambulance to the above hospital or the closest hospital in the event of an emergency.

Signature _____ Date _____