

**ST. FRANCES CABRINI SCHOOL
VBS COUNSELOR FORM
JULY 23rd- 27th, 8AM-5PM**

FULL NAME _____ MALE OR FEMALE AGE _____
ADDRESS _____
CITY, STATE, ZIP _____

HAVE YOU HELPED WITH VBS BEFORE? YES NO IF YES, HOW MANY TIMES? _____
T-SHIRT SIZE: YS YM YL YXL S M L XL 2XL 3XL

PARENT/ GUARDIAN _____
PARENT/ GUARDIAN CONTACT:
C#: _____ HM: _____ WK: _____
EMERGENCY CONTACT INFORMATION (IF DIFFERENT THAN PARENT/GUARDIAN):
NAME _____
RELATIONSHIP TO COUNSELOR: _____
EMERGENCY NUMBER:
C# _____ H#: _____ W#: _____
ALLERGIES OR MEDICAL CONCERNS: _____

As a youth volunteer, I understand that I must display a respectful attitude towards the adults that I am assisting. I realize that I must meet certain expectations because I am needed to assist my local church, I need to be on time, focused, and responsible. It is important for the young people who have come to learn about their faith, that I help them in any way possible. I understand there is a meeting for counselors on Wednesday, July 18th at 6PM that I need to make every effort to attend.

COUNSELOR SIGNATURE

PARENT/GUARDIAN SIGNATURE

**RETURN FORM MAIL TO:
CLAYTON COBB
2215 E. TEXAS AVENUE
ALEXANDRIA, LA 71301**

**CCOBB@CABRINISCHOOL.COM
PH: (318) 448-3343
FAX: (318)**