



# VACATION BIBLE SCHOOL

JULY 13-17, 2008 · 9:15 AM-12 PM

## VOLUNTEER REGISTRATION FORM

(FOR THOSE ENTERING 6TH GRADE, AND OLDER)

**Directions: PLEASE PRINT!**

- Complete this form and return it to the church.
- Use a separate form for each volunteer registering for VBS.

volunteers's name	age	DOB (MM/DD/YYYY)
special needs, allergies, or other concerns	phone/type	
parent/guardian's name (if volunteer is under 18)	phone/type	
volunteer's address	email address	
current church affiliation	member?	

In case of emergency, please call:		
name	phone	relationship
allergies or other medical conditions		
doctor/clinic	doctor's phone	
<b>MEDICAL/SURGICAL RELEASE:</b> (completed by parents of those under 18) I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment. But, if it is not practical to do so, I hereby give my permission to the physician selected by the VBS Staff to secure proper treatment for my child.		
parent/guardian	date	

<b>Volunteer Commitment:</b> I understand that by volunteering, I am serving God through serving His church. In an effort to set a Godly example, I will do my best to keep children safe and involved throughout the various activities we will do, maintaining flexibility and my joy for serving as changes arise. I love God and love children, and pray that God will use me to give the children glimpses of who He is and how much He loves them.	
signature	date

I want to stay in touch! Please send me future VBS news via: (check all that apply)	
<input type="checkbox"/> e-mail _____	<input type="checkbox"/> phone <input type="checkbox"/> mail
<input type="checkbox"/> Contact me regarding church membership.	<input type="checkbox"/> Please do not contact me.

Nursery registration		
child's name	age	sex
allergies/special concerns	nap schedule (if between 9 and noon)	
guardian's VBS role	guardian's cell phone	