



Bethlehem Lutheran Church · 18865 SW Johnson · Aloha, OR 97006 · 503.649.3380

# VACATION BIBLE SCHOOL

JULY 26-30, 2010 · 9:15AM-12PM

## VOLUNTEER REGISTRATION FORM

(FOR THOSE WHO HAVE COMPLETED 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	

**MEDICAL/SURGICAL RELEASE:** (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
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**Volunteer Commitment:** 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
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I want to stay in touch! Please send me future VBS news via: (check all that apply)

e-mail \_\_\_\_\_       phone       mail  
 Contact me regarding church membership.       Please do not contact me.

I  do  do not give permission for my photo, without name, to be shown in a slide-show on BLC's website.

Nursery needs (Please also fill out one nursery registration form per child.)

child's name	age	gender
child's name	age	gender