



Vacation Bible School • July 21-25, 2014 • 6:00-8:30pm  
**VOLUNTEER REGISTRATION FORM**

*Please print:*

Volunteer name: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade in Fall (if student): \_\_\_\_\_

Address: \_\_\_\_\_ Age (if student): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area or age group you're interested in volunteering at VBS: \_\_\_\_\_

Will you need childcare (ages 0-4)?  Yes  No

If yes, please list the name(s) and age(s) of your child(ren): \_\_\_\_\_

\_\_\_\_\_

**(For student volunteers)**

In case of emergency, parent can be reached at: \_\_\_\_\_  
 (telephone number)

**IMPORTANT:** Do you have any allergies? \_\_\_\_\_ If so, explain: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

hereby grant permission to Village Baptist Church to obtain any necessary medical assistance needed in case of accident or injury during the July 21-25, 2014 Vacation Bible School. I understand that every effort will be made to contact me. I also understand that the insurance information provided below will be used for any such emergency. I hereby release Village Baptist Church from all legal and financial responsibility.

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_