



# VBS Youth Volunteer Registration

## June 19-23, 2017

### *Fearless*

Vacation Bible School is a great way to serve others and learn all sorts of leadership skills. At VBS all youth (6-12 grade) volunteer to help kids experience God's unconditional love. There are many areas where you are needed. Throughout the day the kids will grow during Bible lessons, use creativity through crafts, burn energy during game time, and make new friends while having a snack. We need you as role models, guides, leaders, and most importantly, for who God has created you to be.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Emergency Contact (Other than Parent)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Volunteer Information (Circle):

Age Preference:      Preschool      1<sup>st</sup> Grade      2<sup>nd</sup> Grade      3<sup>rd</sup> Grade      4<sup>th</sup> Grade      5<sup>th</sup> Grade

I would like to help with the following areas:    Games              Craft              Snack              Classroom

Days I am available:              Mon              Tues              Wed              Thurs              Fri

Gifts I am able to bring to Vacation Bible School: \_\_\_\_\_

#### Photo Release:

I understand the photographs are taken at Valley of Peace events. I give permission for photographs of my child to be used for Valley of Peace purposes only. I agree that photographs in which my child appears may be used in the following areas:

Bulletin Boards Newsletters

Promotions/Slide Shows

Church Website

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical & Health Information:**

I authorize my son/daughter to participate in all of Valley of Peace’s VBS activities (Bible Study, worship, craft, snack, games etc.). I understand the risks of injury inherent to the activity in which my child is participating. I give permission for medical treatment to be obtained and administered to my child if necessary. I agree to reimburse the church, its pastors, staff, leaders, or chaperones for any costs they incur while seeking medical treatment for my child.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Location: \_\_\_\_\_

**Health Info:**

Allergies: \_\_\_\_\_

Chronic Diseases (examples: Asthma, Seizure Disorders, Diabetes, Heart Problems):

Medications Currently Taking or uses Periodically:

State any Special Dietary, Medical Health, Learning, Emotional or Special Needs of your child:

Is there anything you would like us to know to help make your service/leadership a safe/positive one?

**Authorization:**

I authorize my child to serve at the events associated with VBS at Valley of Peace. In the event a medical emergency arises and the emergency contact or I cannot be reached by phone, I authorize Valley of Peace Lutheran Church and its agents to provide medical care for my child and make necessary medical decisions. I am aware of the behavioral covenant and will support Valley of Peace in administering care/supervision if behavioral expectations are not met. I further release Valley of Peace Lutheran Church as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child’s use of its facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Behavioral Covenant:**

To ensure an outstanding Christian experience for everyone, we ask that all abide by the expectations:

- No possession or use of alcohol or drugs (Including tobacco)
- No inappropriate or harmful behavior activity
- Participation in all group activities and appropriate participation in small and large group events
- Respect of group leaders, adults, peers, staff members, and facilities is expected at all times
- A positive attitude and encouragement of others

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_