

Vacation Bible School Volunteer Form

(BELOW INFORMATION MUST BE COMPLETED AND SIGNED TO VOLUNTEER)

Volunteer's
Last Name
 Under 18

Name: (Last, First) _____

Birthday: _____

Address: _____

Email: _____

Phone: () _____

Emergency Contact: (Last, First) _____

Phone: () _____

I am applying to participate in the V.B.S 2009 in the following tasks: (check all that apply)

<input type="checkbox"/> Bible Teacher	<input type="checkbox"/> Craft Teacher	<input type="checkbox"/> Nursery Volunteer	<input type="checkbox"/> Music Leader
<input type="checkbox"/> Group Leader	<input type="checkbox"/> Game Leader	<input type="checkbox"/> Decoration Helper	<input type="checkbox"/> Assistant

I am committed to attend the mandatory orientation on Sunday, May 17th from 12:45pm to 2:15pm Initial: _____

I am committed to serve during VBS on June 15 16 17 18 19 Hours: 8:30a-12:30p or Other _____

I am committed to help at VBS Celebration on Friday June 19th from 7:15pm to 9:30pm Y/ N

Which age groups do you prefer to teach/lead/help during VBS? (enter rank 1, 2, 3) PreK/K __ G1-3 __ G4-5 __

Have you accepted Jesus Christ as your personal Savior? Y/ N

Applicant's Signature _____

Date: _____

IF you are under 18 year of age, please have your parent/guardian fill out the section below:

Father's Name:
(Last, First)

Phone:
Number we can reach him during VBS

Email:
Optional

Mother's Name:
(Last, First)

Phone:
Number we can reach her during VBS

Email:
Optional

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, parent/guardian of _____ (Applicant's Full Name) hereby give consent to Chinese Church in Christ, Mountain View to provide all emergency or dental or medical care prescribed by a licensed physician or dentist for my dependant. This care maybe given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

Physician Name: _____ Phone: () _____

Address: _____

Dentist Name: _____ Phone: () _____

Address: _____

Dependent's Insurance _____ Policy# _____

Allergies: _____

Parent/Guardian's Signature _____ Print Name _____ Date _____