



My volunteer choice:

____ Crew Leader /Jr. Crew Leader

____ Preschool Crew Leader:

____ Nursery

____ Decorations

Station Helpers

____ Bible Drama

____ Crafts

____ Games

____ Snacks

____ Clean up Crew *Saturday a.m., June 25

____ I am available to substitute

days available: _____



Thank You Volunteers!

We will have
another great VBS week
because of **You!**

Volunteer Registration

Fill out and return to VBS Director
School Info for 2011-12 Year

Name: _____

Check one: 6-8th gr. ____ 9-12th gr. ____ Adult ____

Choose your t-shirt size: S, M, L, XL, XXL
(Adult sizes available only)

Cell Phone: _____

Home Phone: _____

Email: _____

Home Address: _____

Allergies or other conditions: _____

Additional Information: _____

Emergency Contact (other than parent)

Name: _____ Phone: _____

Relationship: _____ Alt. Phone: _____

Required for Volunteers Under 18 years of Age:

In an emergency, I understand every effort will be made to contact me and the emergency contact noted above. In the event we cannot be reached, I give permission to Advent Lutheran Church Staff and guides to provide for the child named above any medical or surgical care. I understand that I will accept the expense of medical/surgical treatment.

I hereby release Advent Lutheran Church, its members, volunteers and employees from all liability for any accident, injury or claim arising from the child named above's use of any facilities or participation in any of its programs.

Advent Lutheran Church may use, for promotional purposes, any photograph taken of the child named above.

Signature Parent/Guardian

Date