



VOLUNTEERS
Bethlehem Lutheran Church
Vacation Bible School 2017
June 26- June30

Office Use

Confirmed: _____

VOLUNTEER REGISTRATION (please complete in ink):

Name: _____

Age/DOB (if a minor): _____

Name: _____

Age/DOB (if a minor): _____

Name: _____

Age/DOB (if a minor): _____

Parent/Guardian's Name (if a minor): _____

Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Cell Phone: _____

Daytime Phone: _____ Evening Phone: _____

Allergies/Special Needs: (explain on back if necessary) _____

CONSENT: You must list each volunteer who is a minor.

I give my permission for my child/children _____

to volunteer for Bethlehem Lutheran Church Vacation Bible School (VBS).

I give my permission for my child/children (listed above) to be photographed & video taped for VBS use only. Photos used on the church web site will not have names posted.

In the event of a medical emergency and if none of the emergency contacts identified below can be reached, Bethlehem's VBS staff will call 911. As the parent or authorized representative, I give consent to Bethlehem Lutheran to obtain all emergency medical or dental care prescribed by a duly licensed physician or dentist for the child(ren) named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child(ren).

Additional Emergency Contact: _____

Home/Cell Phone: _____

Business Phone: _____

Parent/Guardian Signature(if a minor): _____ Date: _____

Signature of Volunteer: _____ Date: _____

Signature of Volunteer: _____ Date: _____

Volunteer Preferences: Please mark the areas that are of most interest to you.

"VBS planning" areas of interest: Market Place _____ Opening/Closing Skits/Dramas _____

Month before & "Week before" areas of interest:

Make props _____ Set-up Family Center & MUB _____ Set-Up Sanctuary _____

Week of - areas of interest:

Crew Leader (adult) _____ Assistant Crew Leader (adult or teen) _____

Music _____ Shop Keeper _____ Games _____ Drama _____ Logistics _____

Food Prep _____ Photographer _____

Important - limited volunteers are needed for this VBS, please respond promptly.

Please return this completed form to:

Bethlehem Lutheran Church, Attn: Children's Ministries, 925 Balour Dr., Encinitas, CA 92024

Please contact Chris Matthews at childrensministries@blcenc.org or (760) 809-1632 with any questions.
Please use the back for any additional information which you feel is important for us to know.

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