

Vacation Bible School Registration - Volunteer Avalanche Ranch

June 9-13, 2008 9:30AM-12:30PM

Name _____ Adult Youth Gr. Entering _____

Address: _____

City & Zip Code: _____

Email: _____

Home Phone: _____

Volunteer Opportunities during the week of VBS

Please indicate your preference:

Crew Leader for: Preschool Grades K-1 Grades 2-3 Grades 4-5

I would rather work with a specific area:

| | | | | |
|--------|-------|---------|---------------|-------------------|
| Crafts | Games | Drama | Photographer | Photo Assist |
| Snacks | Music | Nursery | Bible Stories | Chadder's Theatre |

If you are not available to volunteer for the entire week, please indicate the dates you are available to assist in the areas listed above.

Monday 6/9 Tuesday 6/10 Wednesday 6/11 Thursday 6/12 Friday 6/13

Volunteers working during the week of VBS will receive a VBS t-shirt. Please specify t-shirt size you would like to receive.

Adult S Adult M Adult L Adult XL Adult XXL

****Please plan to attend one of the Volunteer Orientation Sessions.**

I will attend Orientation on Sunday, June 1 from 12:00-2:00PM. Lunch will be served.

I will attend Orientation on Thursday, June 5 at 6:00-8:00PM.

Nursery care will be provided during VBS for worker's children. Please list the names and ages of children who will need nursery care while you are working.

Infant (0-12 months):

Toddler (12 months-2 years old):

| | |
|--|--|
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| | |
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| | |

Additional Volunteer Opportunities

I will help set-up/decorate prior to VBS.

I will help with clean-up following VBS closing Friday, June 13.

I will help with the Ice Cream Social on Friday, June 13.

I will help prepare craft materials ahead of time.

Church Use Only #children #t-shirts Amt Paid: Cash Check#

Emergency Contact Information- In the event of an emergency, please provide the requested information for someone that we can contact in the event you cannot be reached.

Name: _____

Relationship to student: _____

Address: _____

Home Phone: _____ Cell: _____

Health Insurance Information and Release

While every effort is made to ensure the safety of each and every volunteer, accidents do happen. Please supply your health insurance information in the event of any emergency.

Policy Holder's Name: _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy/Member Number: _____

Primary Physician's Name: _____

Physician's Phone Number: _____

By my signature below, I consent to any ex-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care under the general supervision and upon the advice of or to be rendered by a physician, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. I am authorized to consent to services to be rendered, and no other consent is required by law. I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist. I will assume FULL FINANCIAL RESPONSIBILITY for care given.

I warrant and represent that I am eighteen years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this form. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: _____

Date: _____