

**Volunteer Form**Station Ldr/Dir Other 
**Vacation Bible School—June 16-20, 2014—9 am-noon**  
 9100 93<sup>rd</sup> Ave North, Brooklyn Park, MN 55445-1407  
 763/425-2210

Volunteer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

The best way to contact you is:  Phone  Email  Text

Emergency Contact —(If under 18, provide emergency contact different from parents/guardians):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Allergies or anything we need to know: \_\_\_\_\_

**If under the age of 18, please complete the following information:**

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade going into Fall 2014: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

I am responsible for the transportation of my child to and from Vacation Bible School: \_\_\_\_\_

◆ (Parent/Guardian Signature)

 (If under 18, the parent(s)/guardian(s) must approve the photograph release—Names will not be used with photographs)--I/We release my/our child's photograph(s) to St. Vincent de Paul for their use.

◆ Parent/Guardian signature: \_\_\_\_\_

T-shirt size: Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_

Purchase: CD Songs (\$7 ea.) \_\_\_\_\_ DVD Songs (\$15 ea.) \_\_\_\_\_

**Please check the applicable boxes:****Volunteer Area of Preference during VBS week:****Time commitment:**

<input type="checkbox"/>	Crafts	All 5 days
<input type="checkbox"/>	Day Care/ Nursery	1 - 5 days
<input type="checkbox"/>	Elementary Crew Leader	All 5 days
<input type="checkbox"/>	Floater—volunteer wherever needed	1 - 5 days
<input type="checkbox"/>	Games	All 5 days
<input type="checkbox"/>	Preschool Crew Leader	All 5 days
<input type="checkbox"/>	Singers	All 5 days
<input type="checkbox"/>	Snacks/Kitchen	1 - 5 days

 Prep work before VBS--at home or at church I release my photograph(s) to St. Vincent de Paul for their use. I have \_\_\_\_\_ child/children who will be using the nursery – Ages: \_\_\_\_\_**Friend to work with (not guaranteed):** \_\_\_\_\_◆ **If 18 or older—Virtus training:**  Yes, date taken \_\_\_\_\_  No \_\_\_\_\_