

VACATION BIBLE SCHOOL 2018 VOLUNTEER APPLICATION

Thank you for your interest in volunteering at this year's community Vacation Bible School. We appreciate your willingness to help out. Vacation Bible School will be held July 9-13 from 9:00 a.m. to 12:00 p.m. at Zion Lutheran Church. The program will be open to children from age 4-grade 5. **Volunteers are needed from approximately 8:45 a.m. until 12:15 p.m. each day.** The last day will run until 12:30 p.m. due to the culminating program and activities. Please complete the information below indicating your availability and interest for volunteering. Contact Wendi Kishmoto or Deb Reichelt with questions. youthandfamily@zionmiddletown.org or 301-371-6500, ext. 203

If your plans change and you are not able to volunteer, please contact us immediately.

Return this form to the Youth and Family Mailbox by June 15th

Volunteer name: _____ Phone number: _____

Age (if under 18): _____ Grade completed as of June 2018: _____ Home Church: _____

Address: _____

Parent/Guardian name (if under age 18): _____

Phone number where parent/guardian can be reached in case of an emergency: _____

Please provide an email address where we can confirm your participation: _____

Please circle the days you **are available** to volunteer. Mon Tue Wed Thurs Fri Every day

Please indicate your 1st, 2nd, and 3rd choices of areas/groups where you are most interested in helping. (Every effort will be made to give volunteers their first choice.) The groups are listed below.

Preschool	3 rd Grade	Music
Completed Kindergarten	4 th Grade	Story/Drama
1 st Grade	5 th Grade	Crafts
2 nd Grade	Snacks	Recreation

1st _____
2nd _____
3rd _____

T-Shirt Size: YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ A2X _____ A3X _____ A4X _____ A5X _____

List allergies or other health issues we should be aware of _____

I understand that by submitting this Volunteer Application I agree to the expectations set out before me regarding my assignment and understand I must attend a mandatory meeting for volunteers on **Monday, July 9th at 8:00am in the Social Room which lays out these expectations. By not attending this meeting I may forfeit the opportunity to volunteer for this event.**

Signature of Volunteer

Signature of Parent or Guardian (if under 18)

Date

Office use only: Date received: _____

Group Assignment: _____

Student volunteers wishing to use their hours for school service learning are required to sign in and out each day. Only the hours on the sign in sheet will count towards your service hours. No exceptions!