



VBS

YOUTH VOLUNTEER

Registration Form

Youth Name _____

*Grade Entering in Fall _____ Age _____

(*Youth volunteers must be rising 7th graders or older.)

Have you been Safe Sanctuary Trained? _____ Yes _____ No

Address _____

Phone _____

Email _____

Parent's Name _____

Parent's Phone _____

*Allergies/Health Concerns _____

Emergency Contact _____

Phone Number _____

Relationship to Youth _____

Thank you for volunteering at VBS! Please rank the areas below in the order you would like to help. We will do our best to place you in the area you request.

___ Group Helper ___ Music ___ Crafts ___ Recreation ___ Bible Story

___ Tech ___ Decorations Other _____

___ Yes! I am willing to help wherever I am needed.

Colors of the Week:

Monday - orange, Tuesday – blue, Wednesday – red, Thursday – purple, Friday - green