

2017 VBS Adult Volunteer Form

Name: _____

Preferred Phone Number: _____

Available: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ All Week ___

Please mark your top 3 choices (1, 2, 3):

___ Group Guide ___ Age/Grade (want child in group? Yes No)

___ Arts & Crafts

___ Treats

___ Games

___ Music Leader

___ Drama Leader

___ Bible Story

___ Nursery

Will need child care: _____ Name _____ Age _____ Special Needs _____

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2017 Youth Volunteer (Grades 6-12)

Name: _____ Age: _____

Preferred Phone Number: _____

Available: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ All Week ___

Please mark your top 3 choices (1, 2, 3):

___ Group Guide Assistant (give t-shirt size _____)

___ Arts & Crafts

___ Drama

___ Treats

___ Nursery

___ Games

___ Music

You may choose to purchase a T-shirt for \$7 Yes ___ No ___ Size (S-XXL) ___