



Vacation Bible School
August 10-14, 2020 • 9am to Noon

Youth VOLUNTEER Registration Form

Child Name: _____

Volunteer Position you'd like to help with:

Crew Leader _____

Crew Leader in Training _____

Station Assistant _____ **Circle Choice:** Imagination Station / Games / Bible Adventure / Kidvid Cinema

Home Congregation: _____

Age: _____ Last School Grade Completed: _____

Name of Parent(s)/Guardians(s): _____

Address: _____

Email Address: _____

Emergency Contact and Phone Number: _____

(During Vacation Bible School Hours)

Allergies/Medical Conditions: _____

I give my child _____ permission to participate in all Vacation Bible School activities, which may include being photographed or videotaped. I also give my permission for my child to receive emergency medical treatment if I cannot be reached.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Please mail registration form(s) to:
Our Saviour's Lutheran Church, 160 Hill Farm Road, Fairfield, CT 06824.