



Youth Volunteer Registration Form - BRAVE
June 12 – July 24, 5:30 p.m.-9:00 p.m.
Paseo del Rey Church
(619) 421-7733 / paseodelrey.org

All youth volunteers will be required to attend a youth volunteer training **June 11 from 6:30-8:30 p.m.** Cost for volunteers is \$15.00, which includes a t-shirt. Please turn in applications soon as youth positions are limited. Volunteers will receive volunteer credit for both the training time and BRAVE.

Volunteer Name _____ M / F

Parent/Guardian Name _____

Address _____
Street City State Zip Code

Phone Numbers

Home _____ Volunteer's Cell _____ Parent's Cell _____

Email _____

Age Information

Birth date _____ Last grade completed in school _____

Medical or other information we need to know (Please include any food allergies)

Emergency Contacts (Other than listed above)

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Who will be providing transportation home? _____

Personal Testimony: Have you made a personal commitment to Jesus as your Lord and Savior? Please share briefly about when you made this decision: _____

Do you attend youth group? If so, where? _____

Please # 1-4 your preferences for volunteering.

| | | | |
|--------------------------|----------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Food team (set up and serving) | <input type="checkbox"/> | Videography |
| <input type="checkbox"/> | Field Sports | <input type="checkbox"/> | Drama Team (for teaching session) |
| <input type="checkbox"/> | Art Works (includes room set up) | <input type="checkbox"/> | Worship team (up front) |
| <input type="checkbox"/> | Messy Games (includes set up) | <input type="checkbox"/> | Indoor Games (includes set up) |
| <input type="checkbox"/> | Cheerleading | <input type="checkbox"/> | Percussion (includes room set up) |
| <input type="checkbox"/> | Small Group leader | <input type="checkbox"/> | Brave tour guide |
| <input type="checkbox"/> | Learn Audio Visual | <input type="checkbox"/> | Sewing |

Please check mark which nights you are available to volunteer.

| | | | |
|--------------------------|---------|--------------------------|---------|
| <input type="checkbox"/> | June 12 | <input type="checkbox"/> | July 10 |
| <input type="checkbox"/> | June 19 | <input type="checkbox"/> | July 17 |
| <input type="checkbox"/> | June 26 | <input type="checkbox"/> | July 24 |
| <input type="checkbox"/> | July 3 | <input type="checkbox"/> | |

Have you volunteered at VBS before? If so, which team did you work on? _____

Is this your first time volunteering? Y / N How did you hear about BRAVE?

Why do you want to be a volunteer at BRAVE? _____

May we have permission to use photographs of you for the purpose of promotion? Y / N

Office Use Only

Amount Paid: _____ Check # _____ Cash

Volunteer has been given t-shirt (please initial) _____



Activity Participation Agreement

Activity Information

Name of sponsoring organization: Paseo del Rey Church

Address: 900 Paseo del Rey, Chula Vista, CA 91910

Telephone: 619-421-7733

Name of sponsor's coordinator: Jessica Garcia, Children's Ministry Director

Telephone: 619-421-7733

Description of activity: BRAVE Summer Nights, Paseo Kids Program

Date(s) and location of activity: Paseo del Rey Church, 900 Paseo del Rey, Chula Vista, CA 91910, Tuesdays, June 20, June 19, June 26, July 3, July 10, July 17, and July 24, 2018.

Participant information (To be completed by participant or authorized guardian)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____ Telephone: _____

List allergies: _____

List medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

Name of insurer: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/guardian signature: _____ Date _____