



## St. John's Lutheran Church (ELCA)

"Ever Loving, Caring Always"

Box 234 • 229 S. First St. •

Pearl City, IL 61062 • 815/443-2215

Website: stjohnspearlcity.org • E-Mail: prshadmin@gmail.com

Please complete the volunteer registration and return VBS registration to St. John's church by May 26th.

**2019 VBS is June 4-8, 2019 (Tues. -Sat.)**

8:30 a.m. - 11:30 a.m.

Non-perishable items will be collected every day for the food pantry. Offering collected will be used to help cover VBS supplies costs. Pick up of all ages of children will be in the sanctuary. 11:15 to 11:30.

We are excited to share VBS during the closing program! We hope you may join us for the closing program on Saturday, June 8 at 6 pm at St. John's Lutheran Church!

We are looking forward to another exciting VBS!

*Vacation Bible School Committee*

If you have any questions, please call St. John's 815-443-2215. All are welcome to volunteer no matter how many days you are available. Please complete this volunteer form.

Please cut and keep letter for reminder.



## St. John's Lutheran Church VBS 2019 Volunteer Registration Form

Please have registration forms to St. John's by May 26<sup>th</sup>. We are asking all volunteers to purchase a t-shirt this year, so you may be identified as a VBS Staff Member. If you are unable to purchase a t-shirt, please see Monica Baier or stop at the church office. Please mark the appropriate size below. **One shirt per volunteer.** (Checks payable to St. John's Lutheran Church)

	Quantity	
T-Shirt Adult-Med.		\$ 5.00
T-Shirt Adult-Large		\$ 5.00
T-Shirt Adult-X-large		\$ 5.00
T-Shirt Adult-2X-large		\$ 5.00
T-Shirt Adult-3X-large		\$ 5.00

Volunteer Name \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

I would like to work with (grades or area) \_\_\_\_\_

Allergies/Medical needs \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand that in the event of an emergency or medical care becomes necessary, every attempt will be made to contact someone. If unable, I grant the adult volunteers of St. John's Lutheran Church VBS authorization to secure medical attention. I also give my permission for my child's photo to be used in promotional material by St. John's.

Signature \_\_\_\_\_ Date \_\_\_\_\_