

# 2019 VBS 7<sup>th</sup> - 12<sup>th</sup> Grade Volunteer Registration

July 29-August 2, 2019



Name \_\_\_\_\_ Grade **Starting** This Fall 7 8 9 10 11 12

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

FULL Address, including City, St & zip please!  
\_\_\_\_\_

School \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Shirt Size - ADULT S M L XL

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Work Phone \_\_\_\_\_

\*\*An adult volunteer has asked me to work in a specific area of service for VBS.

Adult Name \_\_\_\_\_ Area of Service \_\_\_\_\_

\*\*I would like to serve with a specific adult volunteer.

Adult Name \_\_\_\_\_ Area of Service \_\_\_\_\_

\*\*I would like to serve with a specific child attending VBS.

Child Name \_\_\_\_\_ 2017 Grade Level \_\_\_\_\_

\*\*I need to be assigned a place to serve (please rate from 1-3 with "1" being your first choice).

\_\_\_\_\_ Assistant Crew Leader – stay with one age group throughout the week

\_\_\_\_\_ Assistant Center Leader – stay in a specific VBS area (i.e. recreation, art, snacks, etc.)

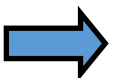
\_\_\_\_\_ Preschool/Nursery – help with children 0-4 years

\*\*Will we do our best to place you in one of your preferences but if there is a conflict, we will put you where needed. Entering 7th grades will NOT be put in the nursery area. Thank you!!\*\*

If you have volunteered with LUMC VBS in previous years please list the areas in which you have served: \_\_\_\_\_

Are you a member of Lakewood UMC? Yes No In not, where? \_\_\_\_\_

**Please turn forms into the church office  
by Sunday, July 8th to guarantee a t-shirt :)**



**The back of this form must be READ, INITIALED where needed then SIGNED BY YOUTH VOLUNTEER & PARENT GUARDIAN!!**

**2019 VBS 7th - 12th Grade Volunteer Covenant**

1. I agree to attend 1 of 2 offered **VBS Youth Volunteer Trainings**. Dates TBA. Initials youth & parent \_\_\_\_\_
2. I agree to help decorate for **VBS on Sunday, July 28** from 2-4p, as available. Initials \_\_\_\_\_
3. I agree to be available **Monday through Friday, July 29 through August 2 from 8:30a-12:15p**. If there is a day during the week of VBS that I will not be available, I will contact Jill Guettler at 281-797-1929 asap. Initials youth & parent \_\_\_\_\_
4. I agree to check in each day between **8:30 and 8:45am** with Teen Volunteer coordinator.
- 5. I am aware & agree that my cell phone will be turned in at check in & can use it only during breaks.** Phones will be kept locked up until needed. Parents can contact Jill Guettler anytime during the day if their child is needed. Initials youth & parent \_\_\_\_\_

**I agree to abide by the following Biblical principles:**

- ◆ I will serve others to please the Lord. I will put the needs of others before my own. I will look for ways that I can help others. (Gal. 5:13b) I will work toward having a heart of servanthood. (Phil. 2:3-4, I Tim. 4:12)
- ◆ I will submit to and respect the authority of those with whom I am working. If I have a question, I will ask it respectfully and listen to the answer. I will not argue with others and I will have kind, gentle language. (James 1:19)
- ◆ I will show the love of Jesus to others at all times. I will be available to listen, to help, to hug and to affirm each child in my area. (I John 4:11 and I Thess. 5:11)

If any terms of this contract are violated, you will be sent to speak with either Katie Willard, Jill Guettler or VBS Directors. If the infraction is serious, you may be asked to leave VBS for the remainder of the day. Your parents may be contacted and you may be asked to leave and try again next year.

**Medical Release and Acceptance of Contract:** I, the parent and/or legal guardian of the above named minor do hereby appoint Lakewood United Methodist Church to act on my behalf in authorizing emergency medical, dental, surgical care and/or hospitalization for the above named minor in the event I cannot be reached. I agree to be financially responsible for all such treatment. I agree to abide to the stipulations of this contract to the best of my ability.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please check your calendars and try to schedule doctor, dentist, orthodontist appointments, etc. in the afternoon if they must be scheduled during this week.