

# APPLICATION FOR VBS TEAM 2018

*For new GHFC leaders and students under 18*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you been at GHFC: \_\_\_\_\_

2. What groups are you a part of: \_\_\_\_\_

\_\_\_\_\_

3. Tell us a little about your relationship with Jesus: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Why you want to serve at VBS: \_\_\_\_\_

\_\_\_\_\_

5. Have you volunteered anywhere before? Tell us a little about it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If you're not already, would you like to serve on our children's team throughout the year? \_\_\_\_\_

Please Sign Below if you agree with the statement:

I understand I'm signing up for a week of serving God and kids, and my number one goal is to help out during the week. I also understand I must be at the VBS team Training night, Thursday- June 21st from 7-8:30pm

\_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any questions for us?

*If you're under 18 please have parents fill out the back of this form*

## GHFC Summer 2018 Consent/Release Form

Student's Name: \_\_\_\_\_

The student above has my consent to attend Granada Heights Friends Church 2018 Summer events, sponsored by Granada Heights Friends Church and to participate in the activities involved in these events. I understand and agree that neither GHFC, nor its trustees, elders, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in Granada Heights Friends Church Summer events activities, which may result in injury, harm, or other damages to named student. In the event of a medical or dental emergency I authorize a representative of GHFC pursuant to the provisions of California family code 6910, to consent to medical or dental care or both for the named student. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for named student. I understand that all billings for services rendered will be sent to the parent/Legal Guardian and who is responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that the church carries liability insurance that only comes into effect if the church is negligent in the injury of my child. I also give permission to photograph and videotape named child for future promotional material, including GHFC website postings, without expectation of compensation. I also understand that in the event of repeated misconduct, the staff is authorized to contact parents of named child to be taken home. I understand that a photocopy, fax, or computer version of this document shall be treated as the original.

I understand my child is volunteering to serve and help at GHFC's VBS and if he or she becomes more of a hindrance than a help I will be contacted to remove him or her from the leadership team.

I agree to the above statements

\_\_\_\_\_  
Sign Date

Printed Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Secondary Contact Name and Phone number: \_\_\_\_\_