

# Covenant United Methodist Church

VBS Volunteer & Nursery Care Registration Form – July 17-21, 2017 – 9:30-12:30

**Volunteers Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Numbers** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Best Method of Contact** email or phone H C W

**Volunteer Type** Youth \* Adult **If Youth: Last school grade completed** \_\_\_\_\_

**Area you wish to volunteer** Teacher \* Assistant \* Snacks \* Crafts \* Recreation \* Music \* Science

**Grade wish to work with (please be flexible, choose up to 3)**

Nursery \* Preschool 3's \* Preschool 4's \* Kindergarten \* 1st \* 2nd \* 3rd \* 4th \* 5th \* 6th \* ANY

**Please circle what days you plan on volunteering at VBS**

Monday \* Tuesday \* Wednesday \* Thursday \* Friday \* ALL

**Shirt Size** S \* M \* L \* XL \* XXL

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Nursery care is provided for children 18 months-age 3 for volunteers, **only on the day/days** you help with VBS.

**Nursery Care Needed?** Yes / No

**Child's Name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Potty Trained?** Yes / No

**Allergies/Medical Information/Other** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Siblings attending** \_\_\_\_\_

You will be contacted to confirm days of volunteering. Please try to be flexible as we will have different needs on different days. Thank You!

**Please complete the Safe Sanctuaries Form located on the backside (mandated by the United Methodist Church Conference) and return with registration.**