



# Vacation Bible School YOUTH VOLUNTEER FORM (6<sup>th</sup> grade and older)

June 19-22 at 9:30 a.m. - Noon  
Youth Volunteers are to arrive by 9:15  
a.m.

Email Jen Nelson at: [dre.stjospeh@gmail.com](mailto:dre.stjospeh@gmail.com) or call 989-224-8537 for ?'s

Youth Volunteer Name: \_\_\_\_\_

Please put an X by the days you can help: Friday, June 16 Decorating\_\_\_\_(10am-Noon)

Monday, June 19\_\_\_\_

Tuesday, June 20\_\_\_\_

Wednesday, June 21\_\_\_\_

Thursday, June 22\_\_\_\_

I am interested in helping with: *(please check as many as interest you)*

☐ Faith Lessons

☐ Music

☐ Crafts

☐ Snacks

☐ Games

☐ Group Leader

☐ Decorating

☐ Welcome Committee

☐ Skits

☐ Other: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_

Parent's Email \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Time Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Time Phone: (\_\_\_\_) \_\_\_\_\_

In an emergency and **unable to reach parents**, contact name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Please list allergies and type of reaction: \_\_\_\_\_

Please indicate any other medical/physical conditions: \_\_\_\_\_

As parent/guardian of \_\_\_\_\_, I request and give my full consent for emergency care, treatment, and/or surgery, and authorize admission to a health care facility, as the treating physician may deem medically necessary, for my child. I expect to be contacted as soon as possible and advised prior to any further treatment by the hospital or doctor.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Contract #: \_\_\_\_\_ Group#: \_\_\_\_\_

Current Medications: \_\_\_\_\_