



# Youth Volunteer Registration Form VBS 2011

Name \_\_\_\_\_

Age \_\_\_\_\_ School Grade entering in the Fall \_\_\_\_\_

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

Parent Email \_\_\_\_\_

(\*IMPORTANT All correspondence will be via email)

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

Volunteer Area (please check)

\_\_\_\_\_ Guide Assistant

\_\_\_\_\_ Nursery Assistant

Please drop your completed form in the VBS box on the table.