



Hopewell UMC
Vacation Bible School 2017

Youth Volunteer Form

(entering 6th Grade to age 18)

Please return the completed form (both sides)
to the VBS forms box in the church lobby.

Parents: If you do NOT have a Parental Consent Form for your child
on file with us for this year, please complete this form on the back.

For MORNING VBS youth volunteers:

There will be a youth volunteer training meeting
Sunday, July 16th at 12:15pm the Sanctuary.
Important information will be given at this meeting,
so please try to attend.

For EVENING VBS youth volunteers:

A youth volunteer training meeting date will be determined.

Any questions regarding Morning or Evening VBS, please contact Cheri Miller:
cheri@hopewellumc.org or 610-316-5877

Hopewell UMC 2017 Vacation Bible School

Youth Volunteer Form

Name: _____

Grade entering (fall of 2017): _____

Phone Number and Email Address: _____

T-Shirt Size - Adult (circle one): Small Medium Large X-Large *There is no charge for Student T-shirts

The following is a listing of the areas where we need student volunteers.

Guides – Leading a small group of children through the VBS rotations.

being a guide requires a full week commitment

Crafts – Assisting children with the craft project of the day.

Hands-on-Missions – Assisting the children to create special mission projects.

Recreation – Assisting the Recreation Leaders with fun and exciting games.

Science – Assisting children with science experiments and projects (morning VBS only).

Pre-School Bible Story Telling – Help bring the Bible Story of the day to life for pre-schoolers.

Music – Assisting the Music Leaders to teach the VBS songs to the children.

Pre-School Room – Assisting the Pre-School teachers in a classroom environment (morning VBS only).

Nursery Child Care – Helping to care for the babies of the VBS volunteers.

Toddler Child Care – Helping to care for the toddler children of the VBS volunteers.

Please list below the area(s) you are interested in. Listing more than one helps us to place you better.

1st choice: _____ 2nd choice: _____

3rd choice: _____ 4th choice: _____

Or no choice – you will go wherever needed (circle if applicable)

If placed as a guide, which age range of children do you prefer? (circle one): Kindergarten – 2nd or 3rd – 5th

Which VBS are you volunteering for (circle one): Morning VBS (Mon to Fri, July 17th to 21st - 9am to 12pm)
Evening VBS (Mon to Thurs, July 17th to 20th - 6pm to 8pm)

Are you available all week (circle one): Yes No

If no, please list days & times you are available: _____

*Thank you for giving your time to volunteer for VBS. We couldn't do it without you!
Your presence and guidance is a blessing to the children
who will be coming to 'Hero Central'.*

APPENDIX II

Date: _____

This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, District of the Eastern Pennsylvania Conference of the United Methodist Church. (All portions of this form shall be completed for registration).

Name of student _____ Telephone _____

Address _____

I give permission for my student _____ to attend and participate in
(full name of child)

ALL youth events from May 2017 to September 2017 including but not limited to those events requiring off-site transportation.

My child has the following physical condition that may require special attention:

Diabetes Hyperventilation Convulsions Seizures Allergies

Special Dietary Needs (please specify) _____

Other (please specify) _____

Does your child require any medications, special accommodations or have special accessibility needs?

Explain _____

(A counselor or youth staff member will contact you to discuss these needs.)

Medical Treatment Release, Liability Release, and Photograph Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

I give permission for photographs of my child taken during the trip to be used at the discretion of Hopewell UMC and the Youth Ministries leadership wherever deemed appropriate.

Name of parent/guardian (*please print*) _____

Signature of parent/guardian _____ Date _____

Telephone: Home _____ Office/Cell _____

Medical Insurance Carrier _____ Group No. _____

Email Address _____