



# Hopewell UMC Vacation Bible School 2018 Youth Volunteer Form (entering 6<sup>th</sup> Grade to age 18)

*\*\*New for 2018 - We will be limiting the number of Youth Volunteers, so please get your form in early if you would like to participate.*

Return the completed form (both sides)  
to Cheri Miller's church mailbox (C4)

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 15<sup>th</sup> 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, if needed.

## **The following is a listing of the areas where we need youth 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.

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

*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 'Rolling River Rampage'.*

# Hopewell UMC 2018 Vacation Bible School Youth Volunteer Form

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

Grade entering (fall of 2018): \_\_\_\_\_

Phone Number and Email Address: \_\_\_\_\_

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

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

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

4<sup>th</sup> 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 3<sup>rd</sup> – 5th

**Which VBS are you volunteering for (circle one):**

Morning VBS (Mon to Fri, July 16<sup>th</sup> to 20<sup>th</sup>- 9am to 12pm)

Evening VBS (Mon to Thurs, July 16<sup>th</sup> to 19<sup>th</sup> - 6pm to 8pm)

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

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

## Youth Volunteer Covenant

(Parents & Youth, read and sign below - required to be a VBS Youth Volunteer)

***"Don't let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith and in purity." 1 Timothy 4:12***

I understand that I am a crucial part of Vacation Bible School at Hopewell UMC.

I am committed to serving as a Youth Volunteer in all activities during VBS.

I am committed to growing in my relationship with Jesus Christ through this experience.

I will set an example for the VBS attendees by exhibiting God-honoring behavior at ALL times.

I am committed to giving my full attention to the children at VBS.

I am committed to providing an uplifting experience for all VBS attendees by having a positive attitude.

I understand that if my actions are not appropriate, I will be asked to stop. If asked multiple times, I understand that I will be relieved of my Youth Volunteer position.

I understand that while participating in Hopewell VBS as a Youth Volunteer, I must respect and listen to the direction of all Adult Leaders.

\_\_\_\_\_  
Youth Volunteer Signature/Date

\_\_\_\_\_  
Parent Signature/Date

## 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 2018 to September 2018 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 \_\_\_\_\_