

**First United Methodist Church, Boerne**  
**Vacation Bible School**  
JUNE 14-18, 2010  
**Youth Volunteer Form**  
For those age 17 and under

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

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

Email \_\_\_\_\_

Age: \_\_\_\_\_

T-Shirt Size (circle) YL AS AM AL AXL AXXL AXXXL

After prayerful consideration, I feel called to minister to God's children during the week of VBS by: (*Please mark all that apply in order of preference..i.e.. 1<sup>st</sup>, 2<sup>nd</sup> 3<sup>d</sup>...etc.*)

**Class Assistant** (must be High School and up) **(K-Grade 4)** \_\_\_\_\_

**Class Assistant** (must be 6<sup>th</sup> grade and up) **(pre-k)** \_\_\_\_\_

**One on one Mentor / friend for a special needs child** \_\_\_\_\_

(9<sup>th</sup> grade and up to shadow a special needs child)

**Serve in Pre-Program Planning / Preparation:**

\_\_\_\_ Organization of supplies    \_\_\_\_ Gathering Supplies

**Serving as a Crafts Assistant**

**Pre Kinder** \_\_\_\_\_ **or** **K-4<sup>th</sup>** \_\_\_\_\_

**Serving in Program Areas:** \_\_\_\_\_ **Music** \_\_\_\_\_ **Drama**

**Serving in Recreation:**

\_\_\_\_ Coordinating games

\_\_\_\_ Participating and helping supervise in games with Prekindergarten

\_\_\_\_ Participating and helping supervise in games with K-4

*Please return the completed form in Sunday's offering plate  
or Children's Ministry Office.*

**MEDICAL INFORMATION  
FOR YOUTH VOLUNTEERS**

Please read and fill in the appropriate information:

PHONE where a parent/guardian can be reached during VBS in an emergency:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

In the event I, \_\_\_\_\_  
PARENT/GUARDIAN  
cannot be contacted in case of an emergency, please contact:

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

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

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

In the event that the people listed above cannot be contacted, I give the staff at First United Methodist Church, Boerne, permission to seek treatment in case of a medical emergency.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

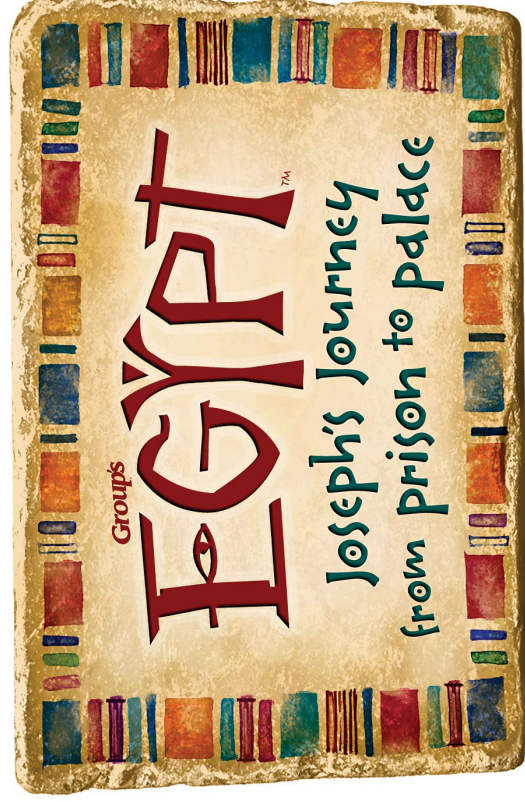
My child's allergies/medical conditions/special needs (including food allergies):  
\_\_\_\_\_

By signing this, I am agreeing that I have read, understand and agree to the conditions above.

\_\_\_\_\_  
DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

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**Vacation Bible School 2010**  
**June 14-18**  
**First United Methodist Church**

**Child Registration Forms available in the**  
**Narthex, Church Office, or**  
**Children's Ministry Office**  
**Beginning mid April**