

Volunteer Information Form (Under 19) - VBS 2018 - "SPLASH CANYON"

Please print:

Name: _____ M or F Age: _____

Birthdate: Month _____ Day _____ Year _____

Grade to be completed in June 2018: _____ Adult T-Shirt Size: _____

Your email: _____ Your Cell#: _____

Parents' Home Phone: _____ Parents' Cell#(s): _____

Allergies / Medical Conditions we should know and Protocol to follow: _____

In case of Emergency and parent not available contact: (Name,Relationship,Phone): _____

Doctor's Name and Phone: _____ Personal Health Card Number: _____

Have you volunteered with us before?(if so,what area?) _____

Able to help for the whole week? Yes or No (if not,which days?) _____

Area interested in working? _____

Permission to take and use your child's photo during the week? Yes No

Parent / Guardian Signature

Date