

SPINNING ROAD BAPTIST CHURCH (SRBC)

538 Spinning road, Riverside, OH 45431

VBS 2019 In The Wild ~ Teen Helper Form (Grades 7th – 12th)

Where kids will learn: Zoom in! Focus on Jesus!

*Please Print Clearly in ink.

Youth Volunteer’s Name: _____ Age: _____ D.O.B.: _____ Grade: _____

DO YOU WANT TO ORDER A T-SHIRT FOR \$6: YES: ____ NO: ____ T-SHIRT SIZE: (CIRCLE ONE)
Adult size:

No T-Shirt Small Medium Large X-Large 2XL 3XL 4XL

cost of \$6 for t-shirt must be paid before T-shirt will be ordered.

Youth Volunteer’s Email: _____ Cell #: _____

Home #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Parents/Guardian Name(s): _____ PARENT’S Email: _____

Dad’s Cell#: _____ Mom’s Cell #: _____ The hours for VBS volunteers are 5:45 pm – 8:45 pm, SM-F, 5:45 – 8pm Friday.

CIRCLE THE DAYS YOU ARE AVAILABLE: Sun Mon Tue Wed Thurs Fri
CIRCLE ONE AREA OF INTEREST: Games, Crafts, Music, Opening, Childcare, Pre-School, Kindergarten, 1st & 2nd Grades, 3rd & 4th Grades, 5th & 6th Grades (must be 16 yrs. Old to work with this group), anywhere needed.

MEDICAL RELEASE FOR VACATION BIBLE SCHOOL

Physicians Name: _____ Phone: _____

Insurance Company: _____ Emergency Contact (other than parents): If your youth becomes ill or injured while attending VBS and you cannot be reached, VBS staff will call: Non-Parent Name: _____

Relationship: _____ Phone #: _____

Any Food Allergies or Special Needs?

MEDICAL Release: In the event the parents/guardians, emergency contact or family physician cannot be reached and in the judgment of the VBS staff of Spinning Road Baptist Church (SRBC) there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize the staff at SRBC to obtain for my child medical services deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment or medication deemed necessary. This is intended for July 14th-19th, 2019. As a parent/guardian, I understand that the staff of SRBC reserves the right to remove a child with disruptive or inappropriate behavior from the VBS program. The child will be sent to the director and the Parent/Guardian will be called to pick up the child.

PHOTO RELEASE: We ask your permission to post, display or show photos taken of your youth at VBS 2019. _____ I give my permission. _____ I do NOT give permission.
Thank-you for volunteering to help with Vacation Bible School this year. You make a difference!

Signature of Teen Volunteer: _____ Today’s Date: _____

Parent/guardian Authorization: I give permission for my teen to serve as a volunteer for Vacation Bible School 2019.

Parent/Guardian Signature: _____ Today’s Date: _____

*Note: Please return signed form to Michelle Prince or Tere Sharp.