



## VBS 2017 Registration Form – VOLUNTEERS



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

Parent/Guardian Name (if under 14):  
\_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Home congregation (if any): \_\_\_\_\_

*In case of emergency, please contact:*

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

Telephone: \_\_\_\_\_

Relationship to volunteer:  
\_\_\_\_\_

***Please list all allergies, including food allergies, that the VBS staff should be aware of:***

Areas of interest: \_\_\_\_\_  
\_\_\_\_\_

Specific skills:  
\_\_\_\_\_  
\_\_\_\_\_

Availability:  
\_\_\_\_\_  
\_\_\_\_\_