



VBS 2018 Registration Form – VOLUNTEERS



Name: _____

Allergies: _____

Parent/Guardian Name (if under 14):

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Home congregation (if any): _____

In case of emergency, please contact:

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to volunteer: _____

Areas of interest: _____

Specific skills:

Availability:

