

VBS Youth Volunteer Registration for youth 5th-12 grades

Volunteer's Full Name _____ Date of Birth _____

Name for name badge _____ Last Grade _____

Volunteer Area of Interest (Rank Choices with "1" for First Choice; "2" for Second Choice; and so forth.)

Crafts _____ Decorating _____ Discovery (Science Experiments) _____ Group Counselor or Jr. Counselor _____

Music _____ Nursery _____ Snacks _____ Storytelling _____

Name and Relationship of Legal Guardian _____

Address _____

Allergies; Release; Medical Information

Food Allergies _____ Other _____

I give my permission for the above-named youth to attend Vacation Bible School at FUMC Gainesville on or off site of the church property. I will not hold FUMC Gainesville, church employees, or adult leaders liable for harm to the above-named youth (including injury, illness, or mishap) that occurs during VBS or for any harm my child causes during such activities. I understand that the adult leaders at FUMC Gainesville VBS event will make all reasonable efforts to protect my child's safety and well-being. In the event of any emergency, accident, or illness I want the VBS adult leaders to notify me as soon as reasonably possible.

IN THE EVENT OF A MEDICAL EMERGENCY, I APPOINT FUMC GAINESVILLE OR ITS REPRESENTATIVE TO AUTHOIZE MEDICAL CARE FOR MY YOUTH.

Emergency Contacts' Phone Numbers _____

I authorize the following adult(s) to pick up my youth from VBS at dismissal _____

Relationship to child _____ Cell or Phone Number _____

I give permission to my youth to leave VBS without adult supervision: Y N (circle one)

Medical Emergency Information

Doctor's Name _____ Office/Hospital Number _____

Insurance Company _____ Policy Number _____

Signature of Legal Guardian _____ Date _____

Legal Guardian Phone Numbers Home _____ Cell _____ Work _____

Email _____ Youth Email _____

Home Church _____

Does your Youth need Community Service Hours Documented for this Volunteer Work? Y N (circle one)

Other siblings or relatives attending VBS? Y N

Detach this page and submit by June 30th for your youth to receive a *free Galactic Blast* t-shirt!

RETURN TO: **Rachael Jordan, First UMC VBS Youth Director**

419 NE First St., Gainesville, FL 32601

352-372-8523 ext. 18 * FAX: 352-372-2384 * Email: rjordan@fumcgv.org