



2017

VBS SERVANT FORM  
HERO CENTRAL

A volunteer meeting will be held  
on Sunday, July 9th at 2:00 p.m.  
Please check the session(s) for which  
you are volunteering.



JULY 10 – JULY 14  
8:30AM – NOON

JULY 10– JULY 13  
5:30PM - 8:15PM

**BEFORE VBS, I WOULD LIKE TO HELP BY:**

- Praying for teachers and students
- Providing craft materials
- Donating snacks
- Preparing decorations
- Preparing craft materials
- Donating Money for VBS
- Shopping for supplies
- Organizing supplies
- Decorating

**DURING VBS, I WOULD LIKE TO HELP IN ONE OR MORE OF THE FOLLOWING AREAS:**

I would like to work with (circle one): Three years old PreSchool K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>  
Please indicate your top three choices of places to volunteer.

- Class Shepherd
- Photographer
- A/V
- Kitchen Crew
- Crafts:  PreSchool  Elementary
- Bible Story:  PreSchool  Elementary
- Music:  PreSchool  Elementary
- Recreational Games:  PreSchool  Elementary
- Special Needs Buddy

**Please print, when you complete the following information.**

Name \_\_\_\_\_ 2016-2017 Grade Level \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Photo/Video Release Form**

As part of the VBS program, snapshots and/or videos are taken of different activities. These snapshots and/or videos may be used to promote or celebrate VBS in print, online or video-based materials. The pictures are the sole property of PWUMC. Please sign below and state your desire as to the use of these pictures. (A parent or guardian must sign for a servant younger than 18.)

\_\_\_\_\_ **Yes**, pictures and/or videos of me may be used.

\_\_\_\_\_ **No**, do not use pictures and/or videos of me.

\_\_\_\_\_  
Signature Date

If you have any questions about Vacation Bible School or your involvement in it, please call:  
Rev. Jessica Richard, Director of Children’s Ministry, at 741-3340.  
Please return this completed form to the church office.

**If you will need childcare (for children younger than 4) while you are helping with VBS, please register them on the reverse side.**

Due to safety requirements, a relative must be present at VBS on the days the child is participating in childcare.

**NURSERY/CHILD CARE FORM**  
(Only for CHILDREN of **ON SITE** VBS WORKERS)

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Allergies or other conditions which may limit activities: \_\_\_\_\_

\_\_\_\_\_ Medication(s): \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Allergies or other conditions which may limit activities: \_\_\_\_\_

\_\_\_\_\_ Medication(s): \_\_\_\_\_

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\_\_\_\_\_ **Yes**, pictures and/or videos of my child(ren) may be used.

\_\_\_\_\_ **No**, do not use pictures and/or videos of my child(ren).

Child(ren)'s Name(s) \_\_\_\_\_

Parent's/Guardian's Name (printed) \_\_\_\_\_

\_\_\_\_\_ Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_