



2018  
**VBS SERVANT FORM**  
**SHIPWRECKED**



JULY 9 – JULY 13  
 8:30AM – NOON

**A volunteer meeting will be held  
 on Sunday, July 8th at 2:00 p.m.**  
**Please circle the session(s) for which  
 you are volunteering.**

JULY 9– JULY 12  
 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 \_\_\_\_\_ Grade Level (April 2018) \_\_\_\_\_

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 816-741-3340.

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 \_\_\_\_\_