



Youth Volunteer Form

August 7-11, 9:00 a.m. to noon



Name	Age/DOB	Pronouns
	To volunteer, you must be 11 or older.	Ex: He/him She/her They/them

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

May we text you messages/instructions? Yes / No

Email address: _____

Days available: All Mon Tues Weds Thurs Fri Sun _____

Home church: _____

If possible, my job preference is (Check one or a few):

- Assistant Group leader
- Story helper
- Help with opening and closing
- Crafts helper
- Mission helper
- Wherever I can be most helpful!
- Games helper
- Snack helper

In case of emergency, contact Name	Relationship	Phone number

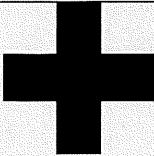
 Allergies or other medical conditions: _____



Photo Release Form

Temple Lutheran Church
501 Brookline Blvd
Havertown, PA 19083

Permission to Use Photograph
Event: Vacation Bible School
Location: Temple Lutheran Church

I grant to Temple Lutheran Church, the right to take photographs of my child / children in connection with the above-identified event. I authorize Temple Lutheran Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Temple Lutheran Church may use such photographs of my family with or without our name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Youth names _____



Volunteer and Parental Consent Form for Minors

Child's Name		Email		
Address		City	State	Zip
Cell Phone	Age	Date of Birth		
Parent Name		Home Phone		
Parent Email		Parent Cell Phone		

I am the parent and/or legal guardian of the child named above, and he/she/they has my permission to work as a volunteer and is allowed to volunteer with my permission per Temple Lutheran Church's policies and procedures. I understand that my child will be working with other volunteers and under the supervision of a Temple Lutheran Church employee or trained lead volunteer.

List any illnesses, chronic condition, physical condition, or mental limitations your child may have that requires restriction on activities, and any medications that may be needed.

WAIVER: On behalf of said minor, I waive any claim for compensation of work completed.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Volunteer's Signature: _____

I, _____, as the volunteer, agree to show up on time, be attentive to the work at hand, and only use cellular devices on breaks or when otherwise allowed to do so. I will follow any other rules set forth by the leader of the volunteer activity.

Sign: _____ Date: _____