

## **Youth Volunteer Form**

August 4-8, 9:00 a.m. to Noon



Name	I	Birthdate / Age	Pronouns	
		Γο volunteer, you must be 11 or older.	Ex: He/him She/her	
Street Address:				
City:	State: _	Zip:		
Home phone:	Cell phone:			
May we text you messages/instruction	ions? Yes / No			
Email address:				
Days available: All Mon Tues We	eds Thurs Fri	Sun		
Home church:				
If possible, my job preference is: (Ch	heck three please	e, so we can hopefully s	pread out the help)	
Assistant Group leader	Crafts helpe	er 🛛 Gar	mes helper	
□ Story helper	□ Mission hel	per 🛛 Sna	□ Snack helper	
Help with opening and closing	U Wherever I	can be most helpful!		
In case of emergency, contact Name	Relationsh	ip 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	

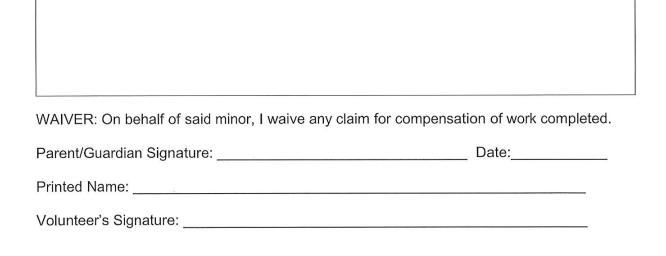


## Volunteer and Parental Consent Form for Minors

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



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: