



Youth Volunteer Form

August 1-5, 9:00 a.m. to noon



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

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

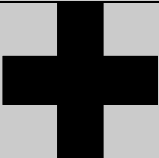

 Allergies or other medical conditions: _____



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 _____
