

Shepherd of the Hills Lutheran Church

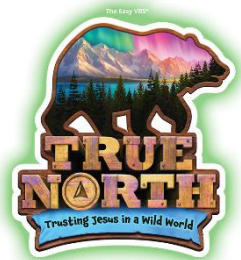
Vacation Bible School

June 9 - 13, 2025

8:30am-12:30pm

Volunteer

Form



Our theme is *True North: Trusting Jesus in a Wild World!!* VBS is open to children ages four through completion of fifth grade. A **volunteer** is any person entering 6th grade- adult. The cost of VBS is **\$7 per volunteer** pays for the cost of the t-shirt.

Please contact Heather Castaing at 815-385-4030 or hcastaing@shepherdofhills.org for details.

REGISTRATION IS NOW OPEN!

PLEASE COMPLETE ONE FORM PER PERSON

Volunteer First and Last Name _____ M / F

Age _____ Grade in Fall _____ Amount Enclosed _____ Cash _____ Check _____ Scholarship _____

Street Address _____ City _____ State _____

Zip _____ Phone () _____ E-mail Address _____

Parent/Guardian First and Last Name _____

→ Member of SOTH → Attend SOTH B & A Summer Camp → Community Member

Current church attending _____

Allergies or other medical conditions No ___ Yes ___ (If yes, please fill out the health form on back.)

Emergency Contact: Name _____ Phone #: _____

_____ Youth t-shirt size Youth: XS (2-4) S (6-8) M (10-12) L (14-16) XL(18-20)

_____ Adult T-shirt size, please write in size. Adult XS, S, M, L, XL, XXL, XXXL

I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the above-named person. In the event of an emergency, paramedics and parent/emergency person will be called immediately.

Parent/Guardian Signature _____ Date _____

I give permission for Shepherd of the Hills to use photos of my child/myself taken at VBS for promotional purposes.

Parent/Guardian Signature _____ Date _____

I will volunteer to help build décor and/or bring in water!

Name _____ Phone # _____ Email _____

Office Use Only

Date Received _____ Check # _____ → Music Card Given (One Card per family)

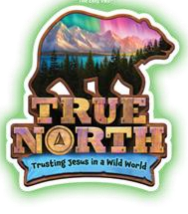
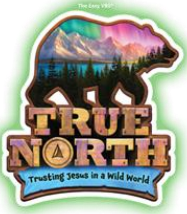
Shepherd of the Hills VBS

June 9 ~ 13, 2025

ALLERGY / MEDICAL CONDITION VOLUNTEER INFORMATION

PLEASE COMPLETE ONE FORM FOR EACH PERSON

Volunteer Name: _____



Parent Name: _____

Age: _____ Height: _____ Weight: _____

Phone Number: _____

Emergency Contact: _____

Emergency Phone: _____

Is your child allergic to any food? Yes No

Allergic to: _____

What happens: _____

Treatment: _____

Does your child have other allergies? Yes No

Allergic to: _____

What happens: _____

Treatment: _____

Does your child have asthma? Yes No

Specify: _____

Treatment: _____

Limitations: _____

Does child have a medical condition? Yes No

Specify: _____

Treatment: _____

Limitations: _____

Is there medication that will be left at the church? Yes No

Name of Medication: _____

Dosage Instructions: _____

Please leave medication labeled with your child's name & instruction in the church office.

Physician Name: _____

Physician Phone Number: _____

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Parent/Guardian Signature: _____ Date: _____

Please contact Youth & Family Director Heather Castaing with any questions: hcastaing@shepherdofhills.org
Shepherd of the Hills Lutheran Church 404 N. Green St. McHenry, IL 60050 815-385-4030