

Shepherd of the Hills Lutheran Church

Vacation Bible School

June 8 - 12, 2026

8:30am–12:30pm

Volunteer

Form



Our theme is *Rainforest Falls: Exploring the Nature of God!!* 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 **\$8 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 8 ~ 12, 2026

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: _____

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 my emergency contact will be called immediately.

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