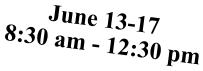
## Shepherd of the Hills Lutheran Church VBS 2022







Volunteers are the heart and soul of our VBS program. Whether you are sharing your talents in one of the stations or on the front lines as a crew leader, you are spreading God's love and making a difference in kids' lives.

### There will be a mandatory crew leader meeting on Saturday, June 11th at 11:00am.

#### PLEASE COMPLETE ONE FORM PER VOLUNTEER

First and Last Name					M / F
Phone #		E-mail	address		
Address		City_		State	Zip
Circle age: Middle Schoo	l (finished 6th	-8th grade)	High School (fini	shed 9th-12th	grade) Adult (over 18 yrs)
<b>Days available</b> : M T	W Th	F	Circle preference:	Preschool	Elementary
I will need	nursery care	- Child's na	me		Child's age
Crew Leade					
Preschool - 3 to 5 yrs E	Clementary - 1s	t & 2nd grade	e Elementary - 3rd	& 4th grade	Elementary - 5th & 6th grade
Station Hel	per: Assist t	ne station lea	der each day with p	reparation, du	ring VBS and clean-up.
Bible Adventures	Crafts	Kid Vi	ideo Games	Music	Snacks
Do you have any allergies	or other medi	cal condition	us? Yes No (If y	yes, please fill	out medical form.)
Do you have a specific chi	ld you would	like to be pla	aced with?		
Do you have a specific age	you would li	ke to be plac	ed with? (must be a	t least 3 years	difference)
I would	l like to purc	hase a VBS	Crew T-shirt for \$	5.00.	Amount Paid
		Please circ	ele correct t-shirt s	ize:	
S (34-36)	1 (38-40)	L (42-44)	XL (46-48)	2XL (50-5	3XL(54-56)



# Shepherd of the Hills Vacation Bible School June 13<sup>th</sup> ~ 17<sup>th</sup>, 2022



#### **ALLERGY / MEDICAL CONDITION INFORMATION** PLEASE COMPLETE ONE FORM FOR EACH CHILD

Age:	Height:	Weight:	
		0	
Emergency Contact	:		
Emergency Phone:			
s your child allerg	gic to any food? Yes No		
Allergic to:			
	ve other allergies? Yes N		
•	U		
What happens:			
Does your child ha	ve asthma? Yes No		
Does your child ha Specify: Freatment:	ve asthma? Yes No		
Does your child ha Specify: Freatment: Limitations:	ve asthma? Yes No		
Does your child ha Specify: Freatment: Limitations: Does child have a r	ve asthma? Yes No	No	
Does your child ha Specify: Freatment: Limitations: Does child have a r Specify: Freatment:	ve asthma? Yes No	No	
Does your child ha Specify: Freatment: Limitations: Does child have a r Specify: Freatment:	ve asthma? Yes No	No	
Does your child ha         Specify:         Treatment:         Limitations:         Does child have a r         Specify:         Treatment:         Limitations:	ve asthma? Yes No	No	
Does your child ha Specify: Freatment: Limitations: Does child have a r Specify: Freatment: Limitations: (s there medication	ve asthma? Yes No nedical condition? Yes I	No rch? Yes No	
Does your child ha Specify: Freatment: Limitations: Does child have a r Specify: Freatment: Limitations: (s there medication	ve asthma? Yes No nedical condition? Yes I n that will be left at the chur n:	No rch? Yes No	
Does your child ha         Specify:         Freatment:         Limitations:         Does child have a r         Specify:         Freatment:         Limitations:         Dispecify:         Specify:         Limitations:         Limitations:         Limitations:         Limitations:         Dispection         Name of Medication         Dosage Instructions	ve asthma? Yes No nedical condition? Yes I n that will be left at the chun n:	No rch? Yes No	
Does your child ha         Specify:         Freatment:         Limitations:         Does child have a r         Specify:         Treatment:         Limitations:         Difference         Specify:         Limitations:         Limitations: <td< td=""><td>ve asthma? Yes No nedical condition? Yes I n that will be left at the chun n: : : : : : : : : : : : : :</td><td>No rch? Yes No</td><td>  e chui</td></td<>	ve asthma? Yes No nedical condition? Yes I n that will be left at the chun n: : : : : : : : : : : : : :	No rch? Yes No	  e chui

Ig of the above named child. In the event of an emergency, paramedics and parent will be called immediately.

Parent/Guardian Signature:

Please contact Youth & Family Director Heather Castaing with any questions: hcastaing@shepherdofhills.org Shepherd of the Hills Lutheran Church 400 N. Green St. McHenry, IL 60050 815-385-3040