

# Shepherd of the Hills Lutheran Church

## VBS 2022

**Volunteer**  
**Form**



**June 13-17**  
**8:30 am - 12:30 pm**

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 School (finished 6th-8th grade)*    *High School (finished 9th-12th grade)*    *Adult (over 18 yrs)*

**Days available:** *M*    *T*    *W*    *Th*    *F*    **Circle preference:** *Preschool*    *Elementary*

\_\_\_\_\_ **I will need nursery care - Child's name** \_\_\_\_\_ **Child's age** \_\_\_\_\_

\_\_\_\_\_ **Crew Leader:** Lead a group of 10-12 kids through different stations. No prep work.

*Preschool - 3 to 5 yrs*    *Elementary - 1st & 2nd grade*    *Elementary - 3rd & 4th grade*    *Elementary - 5th & 6th grade*

\_\_\_\_\_ **Station Helper:** Assist the station leader each day with preparation, during VBS and clean-up.

*Bible Adventures*    *Crafts*    *Kid Video*    *Games*    *Music*    *Snacks*

Do you have any allergies or other medical conditions?    Yes    No    (If yes, please fill out medical form.)

Do you have a specific child you would like to be placed with? \_\_\_\_\_

Do you have a specific age you would like to be placed with? (must be at least 3 years difference) \_\_\_\_\_

\_\_\_\_\_ **I would like to purchase a VBS Crew T-shirt for \$5.00.**    \_\_\_\_\_ **Amount Paid**

**Please circle correct t-shirt size:**

S (34-36)    M (38-40)    L (42-44)    XL (46-48)    2XL (50-52)    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

Child's 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 child. In the event of an emergency, paramedics and parent will be called immediately.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_