St. Paul Lutheran Church
Vacation Bible School (VBS)
Volunteer Registration Form

1. Volunteer Information

- **Full Name:** _____
- **Age Group:** [ ] Adult (18+) | [ ] Youth (Under 18)
- **Phone Number:** (_____) _____ - _____
- **Email Address:** _____
- **T-Shirt Size (Circle One):** Adult S | Adult M | Adult L | Adult XL | Adult 2XL | Youth XL

2. Preferences & Availability

Please check all roles that interest you:
[ ] **Crew Leader** (Guiding a specific small group of children from station to station)
[ ] **Station Leader** (Leading or helping with Bible Stories / Skits)
[ ] **Arts & Crafts Team** (Setting up, assisting kids, and cleaning up craft stations)
[ ] **Recreation & Games Team** (Running outdoor or gym games)
[ ] **Snacks / Kitchen Team** (Preparing and distributing daily snacks)
[ ] **Music & Worship Team** (Leading songs, motions, or helping with Audio-Visual/Tech)
[ ] **Registration / Check-In Desk** (Welcoming families and managing morning check-in)
[ ] **Nursery / Toddler Care** (Caring for the young children of other VBS volunteers)

- **Age Group Placement Preference:** [ ] Preschool & Kindergarten | [ ] Elementary (Grades 1–5) | [ ] No Preference

3. Emergency Contact Information

- **Primary Emergency Contact Name:** _____
- **Relationship to Volunteer:** _____
- **Primary Phone:** (_____) _____ - _____
- **Alternate Phone:** (_____) _____ - _____

4. Medical & Food Allergy Information

CRITICAL SAFETY NOTICE: Because volunteers interact heavily with community snacks, treats, and kitchen spaces, please disclose any severe allergies or health conditions to help keep our entire team safe.

- **Do you have any severe food allergies, environmental allergies, or medical conditions?** [ ] **YES** | [ ] **NO**
- **If YES, please list details** *(Specific allergens, typical reaction severity, and the location of an EpiPen or medication if you carry one)*:

5. Statements & Commitments

- **Background Check Consent** *(Required for all adult volunteers 18+ - unless we have a recent background check for you on file)*:
  I authorize the church to conduct a standard criminal background check for the safety and protection of the children in our care.
  [ ] **I Agree**
- **Photo & Video Release**:
  I grant permission for the church to use photos or videos taken of me during VBS activities for promotional materials, the church website, or closing slideshows.
  [ ] **I Agree** | [ ] **I Do Not Agree**
- **Liability & Medical Release**:
  In the event of an injury or unexpected medical crisis while I am serving, I authorize emergency medical personnel to secure and administer necessary treatment if my emergency contacts cannot be reached.
  [ ] **I Agree**

Volunteer Signature: _____ Date: ____ / ____ / _____
(Parent or Guardian signature required instead if the volunteer is under 18 years old)