

VBS Volunteer Registration for

Zion Lutheran Church

Return to Zion Church Office: 520 East Main Street, Pierce, NE 68767

For questions, please call 402-329-4313



Volunteer Information

Volunteer Name (First and Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Email Address: _____

Primary Phone Number: _____ Cell: _____

Home Church (If Applicable): _____

Are you over the age of 19 (Legal Adult)? _____ (Y/N)

If not over the age of 19, do you have parental permission to participate? _____ (Y/N)

Emergency Contact Information

Contacts' Name: _____

Relationship to Volunteer: _____

Home Phone Number: _____ Cell: _____

Other Information: _____

Additional Information

What is your preferred T-Shirt size? (Circle One): S M L XL XXL XXXL

Area(s) Preferred (List All That Apply): _____

Ages Preferred (List All That Apply): _____

Days Available (Circle All That Apply): M T W T F ALL

Other Family Attending VBS:

<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Perspective Grade (Going Into for 2026)</i>	<i>Relationship to Volunteer</i>

Medical Information

Allergies: _____

Medical Issues/Special Needs: _____

Other Information: _____

Additional Notices

1. This year we are asking all volunteers who would like a t-shirt to please consider contributing \$5.00 to assist with purchasing costs. For those that might find this amount burdensome, please speak with Mr. J to explain your circumstances.

Disclosure Agreement

1. Every activity sponsored by Zion Lutheran Church is adequately supervised, however, unforeseen events can occur. By signing, I agree to assume all risks associated with attending this event as to not hold Zion Lutheran Church, employees, and volunteers liable for damages, losses, and injuries to the person(s), and any personal property, registered.

2. By signing, I agree that this VBS may photograph and/or film the designated individual(s) for purposes that are lawful, appropriate, and related to Zion Lutheran Church and this VBS program. I understand that this media may be used for the purposes of promotion relating to Zion Lutheran Church and this VBS program.

3. By signing, I authorize Zion Lutheran Church and VBS staff to treat the above designated individual(s) using basic first aid, if needed. In the event of a major illness and/or injury, I authorize the use of professional medical personnel in the interest of providing emergency medical aid to the designated individual(s). I recognize that I will be responsible for all associated costs related to any medical care.

Signature: _____ Date: _____

Parent Signature (If Applicable): _____ Date: _____