



# VBS Registration Form

## Adult Volunteer

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

~I understand that volunteering for VBS activities includes a risk of exposure to COVID-19. Measures will be taken to maintain basic cleanliness and sanitization. I will minimize the risk of being the exposure point by not attending if fever or other symptoms are present.

By signing this form I agree to allow pictures taken during VBS activities go on Social Media.

~Entiendo que ser voluntario para las actividades de VBS incluye un riesgo de exposición al COVID-19. Se tomarán medidas para mantener la limpieza y desinfección básicas. Minimizaré el riesgo de ser el punto de exposición al no asistir si hay fiebre u otros síntomas.

Al firmar este formulario, acepto permitir que las fotografías tomadas durante las actividades de VBS se publiquen en las redes sociales.

Signature \_\_\_\_\_ Date \_\_\_\_\_