



TVLC VBS VOLUNTEER REGISTRATION FORM

June 9th^h -13th
8:30 a.m. to noon

Name: _____ Shirt size: _____ Adult Teen PreTeen

Address: _____ ZIP _____

Home Phone: _____ email: _____

I would like to help in the following area (feel free to indicate more than one):

- | | |
|--|--|
| <input type="checkbox"/> Preschool Lab Leader | <input type="checkbox"/> HyperSpeed Games |
| <input type="checkbox"/> Elementary Lab Leader | <input type="checkbox"/> Sonic Sing and Play |
| <input type="checkbox"/> Behind-the-Scenes volunteer | <input type="checkbox"/> Test Tube Treats |
| <input type="checkbox"/> Planning Team | <input type="checkbox"/> Bible Blast |
| <input type="checkbox"/> Registration Team | <input type="checkbox"/> Cinema Science |
| <input type="checkbox"/> Decorating Team | <input type="checkbox"/> Faith Fusion Finale |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Spotlight Drama |
| <input type="checkbox"/> Wacky Works Crafts | <input type="checkbox"/> Nursery care |

Other ideas/ways I'd like to contribute:

I have attended "Safe Community" training in the past:

YES _____ NO _____

I will need nursery care for my child:

YES _____ NO _____

In case of emergency contact:

Name

Home Phone

Comments: _____

*** Half-price registration for the families of volunteers!! ***

Power Lab Assignment _____	Training Attended _____
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