



Teen Volunteer Registration

Teens Entering Grades 7-12 (fall 2018)
June 4 – 8, 2018

Teen Registration Information

Name: _____ Primary Phone Number _____ Other Phone Number: _____

Address _____ State/ Zip _____

Email _____

Current School Grade: _____ Grade (starting Fall 2018) _____

I request to be placed with: Child _____ Adult _____ Teen _____

(We will try to accommodate request if possible)

Please circle t-shirt size: Adult S Adult M Adult L Adult XL Adult 2XL I have a teen volunteer VBS shirt

Please indicate days
available to for
volunteer VBS:

Monday	Tuesday	Wednesday	Thursday	Friday

Please look at the list below and check one or more areas where you may be able to volunteer:

- _____ Assist class guide (assist in supervision of children during sessions, moving place to place, etc.)
- Grade preference: 4 year old preschool Kindergarten 1 2 3 4 5 6 no preference
- _____ Assist with music (sing, play instrument)
- _____ Craft
- _____ Recreation (assist with games)
- _____ Snack daily _____ Assist with closing picnic Friday
- _____ Little VBS (assist with the care of and activities for our volunteers' children, infant to 3+ years old)
- _____ Setup (Saturday & Sunday) and Tear down (Friday afternoon)

Questions can be directed to: Teen Volunteer Coordinator Jen Lifer

Phone number: 614-271-1550

Email: jenborucki@yahoo.com

Emergency Medical Information

Please explain ***in detail*** any special needs, food allergies or medical conditions of which we need to be aware. Include symptoms to watch for, actions to be taken, specific instructions for the administration of any needed medications (including epi-pens), and follow-up procedures.

Teen Volunteer Physician _____ Phone _____

Emergency Release

Granville Ecumenical VBS has a volunteer nurse each morning to help us provide the safest environment for all participants. Every effort will be made to notify parents of any concerns. However, if there should be a need for medical care and we are not able to reach the parent, and the incident is beyond the scope of our nurse, we want to access the care needed through our Granville Fire Department and Emergency Squad.

Please complete one of the following:

- A. As the parent /guardian **I GIVE** consent to transport my child to Licking Memorial Hospital or facility recommended by Granville Fire Department for treatment.

_____ Date _____
Signature

OR

- B. As the parent / guardian **I DO NOT GIVE** my consent to transport my child to Licking Memorial Hospital for emergency treatment.

_____ Date _____
Signature

Others to notify if we cannot reach a parent:

#1 _____ Phone _____
Name Relationship

#2 _____ Phone _____
Name Relationship



PLEASE CHECK THIS BOX IF ***YOU DO NOT GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD***, for use by Granville Ecumenical VBS