



VBS STAFF Registration Form 2018

RESURRECTION LUTHERAN CHURCH
Monday JUNE 4th – Friday JUNE 8th
Closing Program Friday, June 8th at 6:00pm

For Director's use only:
If turned in May 15th or later,
please highlight late & enter date
received

LATE: _____

(Please PRINT the following information)

Name: _____ Male or Female

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ *E-Mail: _____
(*Required- main communication source)

Grade for 2016-2017 (must have completed 6th grade to be a co-leader): _____ School _____

In case of emergency, contact: _____ Phone: _____

Work #: _____ Cell #: _____

Allergies or other medical conditions:

VBS staff position(s) you are interested in:
(Please circle one OR fill in what station you are interested in)

Crew Leader: Preschool: 3yr to 5yr olds OR school age: 5yrs to 5th graders
(Responsible for a group of 5 children and taking them from station to station each day)

Station Leader for: Please list station you are leading _____

Station assistant for: _____

If Crew Leading, is there someone you would like to:

***TRAVEL WITH: (lead separate groups but do same activities together) or**

***CO-LEAD: (lead the same group of children together)?**

Please note that if you have just completed 6th grade you will be co-leading with another crew leader. We will do our best to pair you with your requests, but it is not guaranteed. Two 6th graders may not co-lead together, they will need to co-lead with an experienced crew leader.

Travel with: _____

Co-Lead with: _____

Please circle what size you would like your staff T-Shirt to be:

Youth Medium – (10-12)

Youth Large - (4-16)

Youth XL - (18-20)

Adult Small

Adult Medium

Adult Large

Adult XL

Adult XXL

Adult XXXL

(FILL OUT BACK OF FORM)

Note: If you sign up after Monday May 14th, you may not get the shirt size you requested.

Work Application for Volunteers

Have you at any time ever:

- | | | |
|--|------------------------------|-----------------------------|
| -Been arrested for any reason | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| -Been convicted of, or pleaded no contest to, any crime | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| -Engage in, or been accused of, any child molestation, exploitation, or abuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are you aware of:

- | | | |
|---|------------------------------|-----------------------------|
| -Having any traits or tendencies that could pose any threat to children, youth or others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| -Any reason why you should not work with children, youth or others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of these questions is "yes," please explain in detail _____

Permission to use Photograph- Resurrection Lutheran Church- Vacation Bible School 2018

I grant Resurrection Lutheran Church the right to take photographs of my family and I in connection with the above-identified event. I authorize Resurrection Lutheran Church its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Resurrection Lutheran Church may use such photographs of me with or without my name and for any lawful purpose, including for example purposes such as publicity, illustration, advertising, or Web content.

I have read and understand the above statement:

Signature: _____ Printed Name: _____

Date: _____ Signature of parent or guardian: _____
(If under age 18)

Applicant Verification and Release

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all the information that I provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

Printed name: _____

Signature: _____ Date: _____