

Maker Fun Factory

Volunteer Application

July 24—27, 5:00pm—8:00pm

VSB leadership is volunteer based. Student and Adults make this ministry successful. All volunteers, regardless of age, need to complete an application. Please indicate your interest in the following areas:

Place a check next to the volunteer positions you are interested in.

Station Leaders	High School or Adult Volunteers
□ Craft Leader	Leads Bible study discussion and science/craft for each small group every day of VBS.
☐ Games Leader	Leads Bible study discussion and games for each small group every day of VBS.
□ Video Leader	Leads Kid-Vid video discussion and Bible study for each small group every day of VBS.
□Sm Group Leader	Co-Leads a small group of campers to various ministry stations. Builds relationships with students
Volunteer Support	All Ages
Small Group Support	- Work with Small Group Leader in leading a small group of students in their daily activities.
☐ Music Support	- Work with Worship Leader in leading small groups in worship and daily activities.
☐ Snack Support	- Work with Snack Leader in leading small groups in the daily activities.
☐ Games Support	- Work with Games Leader in leading small groups in the daily activities.
Craft Support	- Work with Science/Craft Leader in leading small groups in the daily activities.
☐ Office Support	- Work with Registrar and Director providing daily needs, organizing and help with registration.
☐ Medīa Coordīnator	- Take photos and videos throughout VBS. Design a VBS slideshow, use social media.

Volunteer Training Event.

For Volunteers of all ages - Wednesday, July 12th (5.00-8.00pm).

This is a fun learning experience filled with workshops, games, music, Bible Study, role play, worship, team building and much more. All volunteers are expected to participate. Be ready to move!

VBS Set up. Wednesday, July 19 (6-8pm) & Sunday July 23rd (4-6:00pm)

Many hands are needed to set up and get ready for VBS.

Volunteer Information:	_(for all volunte	ers)						
Name:								
ender: M F Age: Date of Birth:// Grade (as of 9/1/2016, if applicable):								
Church:	School:			T-s	shirt size (adult):			
Address:								
	me Phone: () Mobile Phone: ()							
Email:								
Behavioral Covenant								
 To ensure an outstanding Christian exp This is a drug free setting (including) We maintain a safe and appropriage Participation in all group activities Respect group leaders, adults, peed A positive attitude and encourage I am aware of the core values of VE 	ng alcohol or tobacco). Ite environment at all tint and appropriate participers, staff members, and forment of others.	nes. pation in sm facilities is e	nall and large gr expected at all t	roup events. times.				
Signature:								
Photo Release								
I am aware photographs or video may within Wildfire activities/events.	be taken at Wildfire eve	nts. I give p	ermission for th	hese to be u	sed for promotion purposes			
Signature:								
Parent/ Guardian Info: Parent(s)/Guardian(s) Names:								
Address: Home Phone: ()								
Emergency Contact (other than pa								
Manage			,C13011					
Home Phone: ()			_)					
Authorization & Medical /	Heath Informatio	<u>n</u>						
strives to equip young people for leadership. In the Way and its agents to provide care for my child and care/supervision, if behavioral expectations are no injury or claim arising from my child's use of its far	event a medical emergency arised d make necessary medical decision t met. I further release Faith-Lila cilities, or participation in any of	es and the eme ions. I am award ac Way as well f its programs.	rgency contact or m e of the behavioral c as all of its agents, r Furthermore, I take	yself cannot be covenant and wi members or em e full responsibil	ill support Wildfire staff in administerin ployees, for all liability for any accident lity for any financial cost, which may b			
incurred, for the care of my youth. Parent or (Guardian Signature:				Date:			
Medical Info:								
Insurance Company:		Policy Nu	mber:					
Group Number: Family Physician & Clinic:		Phone Nu	Phone N	 Number: ()			
Health Info:				`_				
Allergies:								
Chronic Diseases (examples: Asthma, S	Seizure Disorders, Diabet	tes, Heart P	roblems):					
Medications Currently Taking or uses P	eriodically:							
State any Special Dietary, Medical, Hea	olth, Learning, Emotional	or Special f	Needs :					