



Shipwrecked

VBS 2018

Volunteer Application

July 22—26, 5:00pm—8:00pm

House of Hope Lutheran Church—4800 Boone Avenue North, New Hope

VBS leadership is volunteer based. Student and Adults make this ministry

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

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

Volunteer Training Event:

For Volunteers of all ages - Wednesday, July 11th (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: Sunday July 22nd (1:00pm)

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

Volunteer Information: (for all volunteers)

Name: _____
Gender: M F NC Age: _____ Date of Birth: ___/___/___ Grade (as of 9/1/2017, if applicable): _____
Church: _____ School: _____ T-shirt size (adult): _____
Address: _____ City: _____ Zip: _____
Home Phone: (___) _____ Mobile Phone: (___) _____
Email: _____

Behavioral Covenant

To ensure an outstanding Christian experience for everyone, we ask that all abide by the expectations:

- This is a drug free setting (including alcohol or tobacco).
- We maintain a safe and appropriate environment at all times.
- Participation in all group activities and appropriate participation in small and large group events.
- Respect group leaders, adults, peers, staff members, and facilities is expected at all times.
- A positive attitude and encouragement of others.

I am aware of the core values of VBS and I promise to abide by this covenant to ensure a positive experience for all.

Signature: _____

Photo Release

I am aware photographs or video may be taken at Wildfire events. I give permission for these to be used for promotion purposes within Wildfire activities/events.

Signature: _____

If under 18 please fill out the remainder of this form:

Parent/ Guardian Info:

Parent(s)/Guardian(s) Names: _____

Address: _____ City: _____ Zip: _____

Home Phone: (___) _____ Mobile Phone: (___) _____

Emergency Contact (other than listed above), state relationship to this person

Name: _____

Home Phone: (___) _____ Mobile Phone: (___) _____

Authorization & Medical / Heath Information

_____ (name) has my permission to serve as a Wildfire VBS Volunteer. I understand that my child will participate in a Christian VBS which values youth and strives to equip young people for leadership. In the event a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize House of Hope and its agents to provide care for my child and make necessary medical decisions. I am aware of the behavioral covenant and will support Wildfire staff in administering care/supervision, if behavioral expectations are not met. I further release House of Hope as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my youth. **Parent or Guardian Signature:** _____ **Date:** _____

Medical Info:

Insurance Company: _____ Policy Number: _____

Group Number: _____ Phone Number: (___) _____

Family Physician & Clinic: _____ Phone Number: (___) _____

Health Info:

Allergies: _____

Chronic Diseases (examples: Asthma, Seizure Disorders, Diabetes, Heart Problems): _____

Medications Currently Taking or uses Periodically: _____

State any Special Dietary, Medical, Health, Learning, Emotional or Special Needs : _____