



## VOLUNTEER REGISTRATION

Before VBS, I would like to help by:

- |  |   |
|--|---|
| <input type="checkbox"/> Praying                           | <input type="checkbox"/> Preparing craft materials        |
| <input type="checkbox"/> Helping with administrative tasks | <input type="checkbox"/> Planning decorations             |
| <input type="checkbox"/> Decorating classrooms             | <input type="checkbox"/> Painting banners, backdrops, set |
| <input type="checkbox"/> Building sets                     | <input type="checkbox"/> Sewing                           |
| <input type="checkbox"/> Planning publicity                |   |

During VBS, I would like to help in one or more of the following areas:

- |                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| Trekker Group: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Crafts:        | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Snacks:        | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Games:         | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Music:         | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Missions:      | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Nursery:       | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Drama        | <input type="checkbox"/> Sound/AV      | <input type="checkbox"/> Teacher            |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Clean-up Crew | <input type="checkbox"/> Teaching Assistant |

Age Level Preference

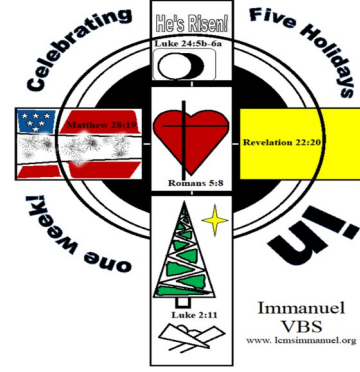
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 0-2 years  | <input type="checkbox"/> 2-4 years            |
| <input type="checkbox"/> 4-6 years  | <input type="checkbox"/> 6-9 years            |
| <input type="checkbox"/> 9-12 years | <input type="checkbox"/> Wherever needed most |

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Days Available

- |  |       |
|--|-------|
| <input type="checkbox"/> Every day                     | _____ |
| <input type="checkbox"/> Certain days (please specify) | _____ |



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