

VBS VOLUNTEER APPLICATION - YOUTH

PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY

NOTE: New application is required every year. We encourage anyone, including Holy Trinity Lutheran Church (HTLC) employees, who might volunteer at VBS, to fill this out! Thank you for helping us keep our children safe and records accurate.

LIST AREA(S) WHERE YOU WANT TO VOLUNTEER: _____

SECTION 1: VOLUNTEER PERSONAL INFORMATION

NAME: _____
FIRST MIDDLE INITIAL LAST

DATE OF BIRTH: _____ HOME/CELL PHONE: _____ EMAIL: _____
(Required) mm/dd/yyyy

ADDRESS: _____ CITY: _____ ZIP: _____

YOUR EMERGENCY CONTACT: _____ PHONE: _____

SECTION 2: VOLUNTEER HEALTH INFORMATION

List any special considerations that we need to be aware of (medical conditions, physical limitations, etc.): _____

List all allergies and/or reactions to insects, food item(s) or medication(s): _____

SECTION 3: PARENTAL CONSENT FOR PARTICIPATION

_____, I, parent or authorized guardian of _____ Age _____
Parent give permission for his/her participation in the Vacation Bible School Program (July 9-13, 2018) at Holy Trinity Lutheran
Initials Church (HTLC), Spokane Valley, Washington, and all related activities. I agree to direct my child to cooperate and comply
with reasonable directions and instructions from VBS leaders and adult volunteers.

Parent Medical Release:
Initials In the event of an emergency, HTLC VBS Leaders and/or Church Staff have my permission to obtain medical treatment at my
expense for my child. In case I can not be contacted to authorize emergency medical treatment, this signed document
authorizes HTLC VBS Leaders, HTLC Staff, and all attending medical personnel, including rescue workers and physicians to
take any and all necessary actions to prevent increased injury or death. I further absolve and release HTLC, its Pastor,
employees and volunteers from any liability whatsoever when acting on my child's behalf in regard to medical treatment.

Parent Photo/Video Release:
Initials Photographs and/or videos are sometimes taken of VBS activities for HTLC publicity and promotional purposes which
include, but are not limited to, in-house presentations, church websites, brochures, and newsletters. Children's names or
information are never used. I hereby give permission for an HTLC representative, employee, or volunteer to take pictures
and/or videos of my child during normal VBS activities. I hereby release HTLC, its volunteers and employees from liability for
any violation of any personal or proprietary right I may have in connection with such use.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SECTION 4: MINOR VOLUNTEER DECLARATION

I have read and understand the above information. The information I have given to HTLC is accurate and true to the best of my knowledge. My enclosed signature and signature of my parent or legal guardian because I am under the age of 18, signifies my approval of all information listed above.

SIGNATURE OF MINOR VOLUNTEER: _____ DATE: _____