

# West Des Moines Christian Church VBS 2018

## Youth Volunteer Opportunities (6<sup>th</sup>–12<sup>th</sup> grades as of fall 2018)

Dear Youth of West Des Moines Christian Church,

We invite you to be a part of our summer activities! Volunteers are an important part in the success of West Des Moines Christian Church summer activities—we can't do it without your help. Listed below are the activities, the available positions and their responsibilities. If you are interested, complete the enclosed form and return it to Martha or the church office as soon as possible. Thank you for being a part of this important ministry to the children of our church and community.

**I. Vacation Bible School**      June 11-15                      8:45 a.m. to noon  
(7<sup>th</sup>–12<sup>th</sup> grades as of spring 2018)

Contact: Angie Porath, Sarah Smith, Kendal Bartlett, Jan Moore; VBS directors Martha McDanel & Pam Redford church staff

A week of Vacation Bible School allows children to learn, explore and retain Bible stories and scripture. There will be Bible story exploration, crafts, class singing, and games. A family meal will be held on Thurs. June 14 at 6 pm.

*Volunteer Responsibilities may include:* assisting lead teachers in preschool classes and working directly with the children, including snack and recess; assisting with music; assisting class guides with the children; craft assistants will help gather supplies and help as needed; media assistant will take pictures, make poster displays and a daily power point slide show; nursery workers care for the volunteers' children throughout the morning; snack helpers prepare and serve snacks and beverages. Volunteers must be available by **8:45 a.m.** to greet children as they gather and help them to feel welcome, take attendance, etc.

**Purchase a VBS t-shirt for \$10 by May 27 to guarantee size and availability.**

**II. VBS Family Night Meal Thursday, June 14 @ 6 pm**

*Volunteer responsibilities may include:* assisting with the prep of meal, set tables, serve food, clean up afterwards.

If you have questions contact Martha at 223-1639 or one of the VBS directors

**WEST DES MOINES CHRISTIAN CHURCH**

**VBS 2018 YOUTH VOLUNTEER**

For youth in grades 6-12 (as of fall 2018)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Grade completed fall 2018 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Sex M F

e-mail address \_\_\_\_\_ Cell # \_\_\_\_\_

I am available to help with (check all that apply):

\_\_\_ Vacation Bible School (June 11-15; 8:45 a.m.-noon)

\_\_\_ VBS Family Night meal Thursday, June 14 @ 6 pm

\_\_\_ Youth helpers after VBS cleanup & appreciation lunch on Friday, June 15 noon to 1 pm

**VBS Shirt @ \$10 each:** \_\_\_Child Lg \_\_\_Adult Sm \_\_\_Adult Med \_\_\_Adult Lg \_\_\_Adult XL (\_\_\_2XL = \$12)

Amount enclosed for VBS t-shirt (\$10 ea) \_\_\_\_\_ **Total**

**HEALTH INFORMATION AND PERMISSION FORM**

Name of parent/guardian \_\_\_\_\_ e-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact and phone # \_\_\_\_\_

Person responsible for insurance coverage \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Date of last physical \_\_\_\_\_ General Health \_\_\_excellent \_\_\_good \_\_\_fair \_\_\_poor

Recent illness or injury (what, when) \_\_\_\_\_

History of:	Hyperactivity	___	Heart problems	___
	Fainting	___	Convulsions/seizures	___
	Asthma	___	Blood disease	___
	Diabetes	___	Nosebleeds	___
	Allergies	___	List (plants, insects, foods)	_____

\_\_\_\_\_ has my permission to participate in the activities of West Des Moines Christian Church, summer 2018. I understand that all activities will be supervised and that medical and/or hospital care will be given if serious illness or injury occurs. I understand that I will be notified in case of illness or injury. If I cannot be contacted, I give permission for emergency treatment as recommended by attending physician or dentist. I further release West Des Moines Christian Church and the staff from responsibility and liability for any accidents or illness that may occur.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

For Office Use Only:

\_\_\_\_\_ amount owed \_\_\_\_\_ amount received \_\_\_\_\_ check # \_\_\_\_\_ cash payment