

St. Mark Lutheran Church

VBS 2008: July 14th - 18th

Fill out one (1) form per volunteer.
Print, sign, and return to St. Mark.



Volunteer 17 and under

Volunteer 18 and over

Volunteer's Name: _____ Age: _____ T-Shirt Size: _____

Adult Child

Address: _____ , CA _____
Street City State Zip Code

Parent's Name: _____ Phone : _____
(If 17 and under)

Email Address: _____

Emergency Contact: (other than parent) _____ Phone : _____

Doctor's Name: _____ Phone : _____
(In Case of Emergency)

Food Allergies Please indicate which foods _____

Taking Medication Please indicate which medicines _____

Limitation(s) Please indicate any conditions _____

Name(s) of family members involved in VBS: _____

Photographs will be taken during the week. These photographs may be used for any purpose in any form or medium, including the St. Mark website (www.stmarksunnyvale.org).

Signature of Volunteer

Date

Signature of Parent or Guardian

Print