

University Kids VBS 2019
June 18th—21st 8:45 am—12 pm
Adult Volunteer Registration Form



Name: _____ Male: _____ Female: _____

Preferred Phone: _____ Email Address: _____

Address: _____ Zip: _____

Adult food allergies and/or special needs: _____

Please circle t-shirt size: AS AM AL AXL AXXL

You must register by 6/4/19 to be guaranteed a t-shirt.

Indicate 1st and 2nd volunteer area preferences:

____ Preschool Crew Leader ____ Elementary Crew Leader Lead your child's class? ____ Yes ____ No If yes, which child? _____

____ Preschool Crafts ____ Preschool Storytelling ____ Preschool Music ____ Preschool Games

____ Elementary Crafts ____ Special Events ____ Snacks ____ Kitchen

****ALL Adult Volunteers MUST have a current *Child/Youth Safety* or *Safe Gatherings* application on file with University United Methodist Church.****

Training Dates: ____ Wednesday, June 12th, 9:30-11am OR ____ Wednesday, June 12th, 6:30 –8:00pm

Nursery Care will be available for your children or grandchildren under the age of two (as of 9/1/19).

Child's Name: _____

Birth date: ____/____/____ Age (as of 9/1/19) ____

Boy: ____ Girl: ____

Food allergies or special needs: _____

Child's Name: _____

Birth date: ____/____/____ Age (as of 9/1/19) ____

Boy: ____ Girl: ____

Food allergies or special needs: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

There is no charge to participate in VBS at University UMC.

If you are able, however, you can make a donation to help offset VBS expenses.

VBS costs approximately \$40.00, per child, for the week.

Donation to help offset the cost of VBS: \$ _____

Emergency Release, Photo Release and Permission Slip (Please write YES or NO)

____ In case of emergency, I give my permission to the sponsoring adults to have emergency medical care given to myself or my child(ren). I also release University United Methodist Church and all persons participating in church sponsored activities from any and all liability.

____ I give University United Methodist Church, San Antonio, Texas, the absolute right and permission to use my photograph or my child(ren)'s photograph in its promotion materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, internet) or other form of promotion. I release the Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection of such use.

Your response to these questions will not affect your registration whatsoever.

Are you a member of University United Methodist Church? Yes No

If not a member, are you a regular attendee? Yes No

If not, do you currently have a church home? Yes No

If yes, where?

Parent/Guardian Signature _____

Date _____