



## Le Sueur Ecumenical Vacation Bible School 2017 Volunteer Registration Form

**Location:** Zion UCC: 240 S. Elmwood Ave. Le Sueur, MN 56058

**Dates:** Monday, August 7<sup>th</sup> – Friday, August 11<sup>th</sup>, 2017

**Time:** 9:00 a.m. – 12:00 p.m.

VBS 2017 is sponsored by Zion UCC, First Lutheran and the United Methodist Churches of Le Sueur.

### VOLUNTEERS ARE NEEDED IN THE FOLLOWING ROLES

**We welcome both Adult and Youth Volunteers** (Youth must have completed 6<sup>th</sup> grade)

**If you have any questions please contact:** \_\_\_\_\_

**Preschool Assistants:** The preschool program will run separately from the VBS Rotational Schedule, but will cover the same theme. The Preschool Leader will implement the curriculum; the assistants will help with the children, activities, etc.

**Group Leaders/Assistants:** The youth will be assigned into groups. The Group Leaders' responsibility is to supervise, take attendance, and to get the groups to each area on time, and above all, encourage participation in each area. Assistants will assist the Group Leaders.

**Track Leaders/Assistants:** Track Leaders will plan, prepare and implement the curriculum provided. Assistants will assist the Track Leaders. Track Areas: Sound Wave Sing & Play (All kids meet at the beginning of the day and are lead in songs and meet each new Bible Buddy for that day), Game Makers (kids will participate in high energy games which involves the Bible point for that day), KidVid Cinema (children watch KidVid stories where they meet real kids who are using creativity, imagination and other gifts God gave them), Imagination Station (kids use Sciency-Fun Gizmos to experiment, explore and discover Bible truths), Funshop Finale (at the end of the day all children meet again and review the Bible Points/Buddies for the day and are lead in song/dance).

**Snack Factory:** Plan/Prepare and set up the daily snack and Friday lunch.

<b>Name of Volunteer</b>	<b>Phone Number(s)</b>	
<b>Address:</b>		
<b>Home Congregation</b> (if applicable):	<b>If you are a Youth Volunteer, please list Last Grade Completed:</b>	
<b>Email Address:</b>		
<b>Medical Allergies and/or Concerns:</b>	<b>Emergency Contact:</b>	
<b>Would a Nursery need to be provided for you during your volunteer time? (please circle one): Yes or No</b>		
<b>Please Check Area(s) of Interest:</b> You may check more than one area of interest!! Description of each is listed above.		
<b>Group Leaders:</b> (preferable 16 years or older)  <b>Assistants:</b> Preschool Or K-5 <sup>th</sup> Grade	<b>Track Leaders:</b> Sound Wave Sing & Play Game Makers KidVid Cinema Imagination Station Funshop Finale	<b>Track Assistants:</b> Sound Wave Sing & Play Game Makers KidVid Cinema Imagination Station Funshop Finale Snack Factory

**Registration forms are due by: Friday, July 14<sup>th</sup>, 2017**

Mailing Address: Zion UCC 240 S. Elmwood Ave. Le Sueur, MN 56058

There is a **MANDATORY VOLUNTEER MEETING** scheduled for Sunday, July 16<sup>th</sup>, 2017 at 4:00 p.m. at Zion UCC. A light meal will be provided.

**ALL VOLUNTEERS ARE REQUIRED TO ATTEND.**

**Minor Participation Authorization and Consent to Emergency Medical Treatment Form:**

I hereby give my consent to have my minor child \_\_\_\_\_ (name of child) to participate in the following activity of Le Sueur Ecumenical Vacation Bible School at Zion UCC Church (which is sponsored by Zion UCC, First Lutheran Church and the United Methodist Church of Le Sueur) from August 7<sup>th</sup>, 2017 – August 11<sup>th</sup>, 2017. I 'DO' consent to any medical, surgical, x-ray, anesthetic or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment, but in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the Zion UCC Church sponsoring this event will be used as the secondary coverage.

Signature/Date of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Social Media Consent Form:**

I \_\_\_\_\_ **GIVE** / \_\_\_\_\_ **DON'T GIVE** Le Sueur Ecumenical Vacation Bible School my permission to use my child's name, \_\_\_\_\_, image(s) in print and/or social media distributed by the churches listed above.

Signature/Date of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**VBS Field Trip Consent**

I \_\_\_\_\_ **GIVE** / \_\_\_\_\_ **DON'T GIVE** my permission for \_\_\_\_\_ (name of child), who has completed second grade or higher to walk (or in inclement of weather, ride a rented bus) with their group leaders to and from the local nursing home on Thursday, August 10<sup>th</sup>, 2017.

Signature/Date of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_