

ZION VBS VOLUNTEER REGISTRATION FORM
MON., AUGUST 5 – THURSDAY, AUGUST 8 9 AM – Noon
Students 6th Grade and Older

(One per Volunteer)

Students name: _____ Students gender: _____

Students age: _____ Date of birth: _____ Grade during 2023/24
School year: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip _____

Home telephone:(____) _____

Parent/caregiver's cellphone:(____) _____

Home email address: _____

Home church: _____

T-shirt Size (**please circle**) Youth- Sm Med Large Adult-Sm Med Lg XL XXL

Allergies, medical conditions, or special needs: _____

In case of emergency, contact: _____

Phone: _____

****Note: Pizza for volunteers after VBS close on Thursday.**

For church use only—Area assigned to volunteer _____