

Applicant name: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

## VBS Student Volunteer Application – 2017

**\* must be completed by student (other wise it will be discarded)**

Thank you for your interest in volunteering at St. Peter's Vacation Bible School this summer. It is a wonderful opportunity to share Jesus with our children. Every year, we need to turn away 25 + teens because of the great many applicants. We are looking for applicants are excited about this ministry. Those whose **parents** are involved will be invited to participate first. \_\_\_\_\_ (parent initial here)

### Expectations of Student\*:

- Attend orientation
- Be available to make decorations ahead of time
- Be available for set up on Sunday, June 25
- Be available for clean up on Friday, June 30
- Read materials and be prepared to teach about the lesson
- Leave cell phone off (or at home)
- Show up on time
- Dress appropriately
- Fully participate in all activities
- Attend all the days of VBS (M-Thurs 8:30 am – 12:30 pm; Friday 8:30 – 2:00 pm; High school teens are also needed for the aftercare till 4:00 pm)

\*Confirmation and SSL hours signed for only if attend and participate all 6 days\*

**Roles:** (check which you would prefer, but you will be placed where you are needed the most). Select more than one role! You will be put where needed. **Student initial here** \_\_\_\_\_

- Music ministry – list if you can sing and/or what instruments you can play
- Drama ministry
- Games ministry
- Classroom ministry
- Snack ministry
- Crafts ministry

### Gifts Needed:

- † Likes children
- † Patient
- † Kind
- † Hard worker
- † Happy
- † Gets along with others
- † Follows directions
- † Positive attitude

I have all of these gifts!

**Student initial here:** \_\_\_\_\_

I, \_\_\_\_\_ understand what commitment is needed for VBS.

(Print student name)

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
Date

# Application for Youth Volunteers

Vacation Bible School ---Summer 2017

**Due: May 1, 2017**

Return completed application to the St. Peter SOR, attn: Cindy Dixon.

Decisions will be made by May 15.

Preference will be given to teens whose parents are volunteering at VBS.

NAME: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

(adult/child size?) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-mail: \_\_\_\_\_

Returning? \_\_\_\_ yes \_\_\_\_ no Which ministry did you do last year? \_\_\_\_\_

Answer the following questions: (continue on back page if you need more space)

1. Why do you want to volunteer for Vacation Bible School?

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2. What special **talents or gifts** do you have to offer for Vacation Bible School?

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3. What do you hope to achieve by volunteering at Vacation Bible School?

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