

Vacation Bible School Adult Volunteers

Maker Fun Factory 2017

Return form to
the SOR Office
by May 1

Name: _____

Address: _____

E-mail: _____ T-Shirt Size: _____

Home Phone: _____ Cell Phone: _____

Before VBS, I would like to help by (*check one or more*):

<input type="checkbox"/> Providing craft materials <input type="checkbox"/> Preparing craft materials <input type="checkbox"/> Shopping <input type="checkbox"/> Gathering props for decorations and skits <input type="checkbox"/> Decorating <input type="checkbox"/> Planning publicity	<input type="checkbox"/> Painting banners, backdrops, sets <input type="checkbox"/> Registration <input type="checkbox"/> Planning special events <input type="checkbox"/> Organizing supplies <input type="checkbox"/> Organizing paperwork <input type="checkbox"/> Training volunteers
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During VBS, I would like to help in one or more of the following areas:

<input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Pre-K or Kindergarten <input type="checkbox"/> 1st/2nd Grade <input type="checkbox"/> 3rd/4th Grade <input type="checkbox"/> 5th/6th Grade <input type="checkbox"/> Snack Center <input type="checkbox"/> Music Center <input type="checkbox"/> Recreation Center <input type="checkbox"/> Craft Center <input type="checkbox"/> Bible Games Center <input type="checkbox"/> Registration Table <input type="checkbox"/> Photographer/Videographer <input type="checkbox"/> Assembly Leader	<input type="checkbox"/> After Care Help (12:00—4:00pm) <input type="checkbox"/> Hospitality <input type="checkbox"/> Clean-up <input type="checkbox"/> Parent/child social <input type="checkbox"/> Volunteer Appreciation <input type="checkbox"/> First Aid/Health Room <p>IMPORTANT: **I have completed Child Protection Certification. _____ Yes _____ No</p> <p>If no, pick up packet in the SOR Office to complete.</p>
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