



## Volunteer Registration

**Before VBS, I would like to help by:**

- |  |   |
|--|---|
| <input type="checkbox"/> Praying                           | <input type="checkbox"/> Preparing craft materials        |
| <input type="checkbox"/> Helping with administrative tasks | <input type="checkbox"/> Planning decorations             |
| <input type="checkbox"/> Decorating classrooms             | <input type="checkbox"/> Painting banners, backdrops, set |
| <input type="checkbox"/> Building sets                     | <input type="checkbox"/> Sewing                           |
| <input type="checkbox"/> Planning publicity                |   |

**During VBS, I would like to help in one or more of the following areas:**

- |                                       |  |   |
|---------------------------------------|--|---|
| Team:                                 | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| Crafts:                               | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| Snacks:                               | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| Games:                                | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| Music:                                | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| Missions:                             | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| Nursery:                              | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helper             |
| <input type="checkbox"/> Drama        | <input type="checkbox"/> Sound/AV      | <input type="checkbox"/> Teacher            |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Clean-up Crew | <input type="checkbox"/> Teaching Assistant |

**Age Level Preference**

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 0-2 years | <input type="checkbox"/> 2-4 years  | <input type="checkbox"/> 4-6 years            |
| <input type="checkbox"/> 6-9 years | <input type="checkbox"/> 9-12 years | <input type="checkbox"/> Wherever needed most |

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Days Available:**     Every day         Certain days (please specify):