



Teen Volunteer Commitment Form

VBS Camp Week 2022:
June 20-24

Full Name _____

Grade in **Fall 2022 (must be 7th grade or older)** _____

Parent Email _____

Parent Cell Phone _____

Teen cell phone # _____

PLEASE READ AND SIGN

REALIZING THAT BEING A YOUTH VOLUNTEER FOR VBS IS AN HONOR AND A PRIVILEGED PLACE OF SERVICE FOR THE LORD, I COMMIT THE FOLLOWING:

My time

I will attend **ONE** of the following prep meetings:

Thursday, June 16th at 6-7:30pm in the Church Hall

Friday, June 17th at 6-7:30pm in the Church Hall

Please arrive 8:30am on Monday, 8:45am all other days

I will prepare for my VBS responsibilities and arrive on time Monday through Thursday.

If needed I will be a bathroom monitor for 1 or 2 activity periods during VBS week.

I will participate in the closing program on **Friday, June 24th at 11:45** and clean-up immediately after the closing program - until about 1pm). At **12:45** there will be a pizza lunch for all volunteers.

My energies and accountability

I will exhibit responsibility, dependability and integrity. I understand VBS to be a children's program. My leadership will be for the children. Their safety and enjoyment will be my primary focus. I understand that if my leadership comes into question I will be spoken to and, if continued concern occurs, I may be asked to step out of VBS.

Signature _____



Teen Volunteer Positions

VBS Camp Week 2022: June 20-24

****Please fill out a separate form for each volunteer in your family.**
Volunteers must be entering 7th grade or older. Volunteers do NOT pay a camp fee.

Volunteer's Full Name _____

Tee Shirt Size (Adult S,M,L,XL, or XXL) _____

Volunteer's Grade in the fall of 2022 _____

Which grade would you prefer to work with? (K, 1st, 2nd, 3rd, 4th, 5th, or 6th) *You may choose more than one. _____

Choose Your Teen Volunteer Duty

Crafts

Bible Stories

Group Guide

Preschool Class

Snacks

Outdoor Games

Music

Photographer/Tech

My 1st choice is _____

My 2nd choice is _____

****All efforts will be made to place you in your desired area**

MEDICAL RELEASE

If medical care is required for any of my children registered with St. Lawrence Vacation Bible School for 2022, in conjunction with any VBS activity and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency and medical personnel, a physician or the medical facility providing treatment.

Date: _____

Parent/Guardian Name (please print) _____

Signature _____