

Damascus United Methodist Church
VACATION BIBLE SCHOOL REGISTRATION
Form For Youth Helpers

(Please fill out a form for each youth helper and return to the Resource Room or the Church Office)

Return this form no later than July 1, 2010

DATE OF VBS WEEK: **July 19-23, 2010** (Please plan to work 8:30am-12:40pm each day and 6:30-8pm on Friday evening)

Name _____ T-Shirt Adult Size S M L XL
(Please circle one)

Grade Entering _____

Address _____

Phone Number(s) _____

Email Address _____

Allergies or other concerns _____

In case of an emergency, I give permission for Shady Grove Hospital to treat (name of youth) _____ for any accident or injury that occurs while attending Vacation Bible School.

Name of Doctor _____ Telephone # _____

Emergency Contact _____ Telephone# _____

As a youth helper for VBS I understand that:

- ***I must attend the mandatory training meeting on July 18th (Time - TBA),***
- ***I must complete the Safe Sanctuary Covenant Form with parent signature,***
- ***I will be a role model for the children at all times during VBS week,***
- ***I will fulfill my duties as described at the training meeting,***
- ***I will act appropriately at all times, and***
- ***I will call the adult leader, with whom I am working, if I need to be absent any of the days during that week.***

Signed (youth): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

COMMENTS:

(Also remember to complete the Safe Sanctuary Covenant Form. Both forms must be turned in no later than July 1, 2010.)
Any questions? Please call Cathy Scarbrough (301) 972-6844 or email her at tom.scarbrough@verizon.net .