



**AUGUST 15, 16, 17, 18, 19**  
**9 AM TO 12 NOON**  
**VBS TEEN VOLUNTEER FORM**

NAME: \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ AGE \_\_\_\_\_ GRADE (SEPT.11) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

I WOULD LIKE TO HELP IN THE FOLLOWING AREAS

MUSIC \_\_\_\_\_ CRAFTS \_\_\_\_\_ STORY \_\_\_\_\_

GAMES \_\_\_\_\_ SNACK \_\_\_\_\_

COUNCELOR/ESCORT \_\_\_\_\_

I NEED SERVICE HOURS FOR CONFIRMATION \_\_\_\_\_

I NEED SERVICE HOURS FOR SCHOOL \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_