

Form for Youth Volunteer

First Lutheran Church VBS 2017



June 5th - 8th from 5:30 - 7:30 p.m.

Youth volunteer name: _____ Age of youth: _____

Date of birth: _____ Grade going into this fall: _____

Name of parent(s)/guardian(s): _____

Street address: _____ City: _____

Home phone: _____ Home email: _____

Parent cell #: _____ Emergency contact: _____

Relationship to child: _____ Phone: _____

Allergies or other medical conditions: _____

Questions??? Please contact Terri at tmans@flcbemidji.org or 444-5302