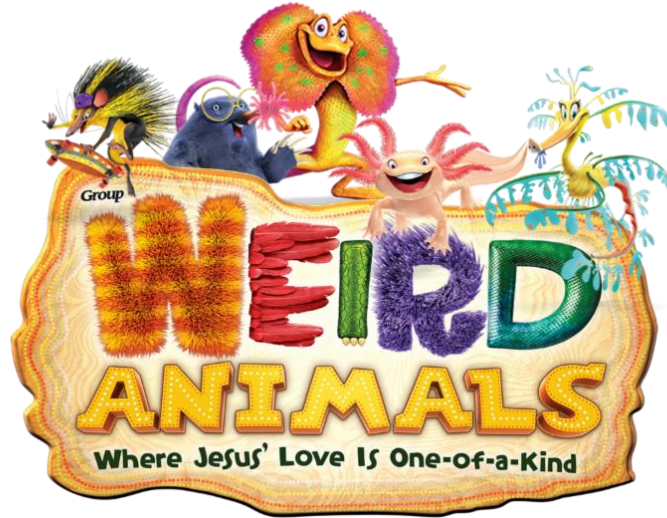


# Form for Youth Volunteer

## First Lutheran Church VBS 2018



June 4<sup>th</sup> - 7<sup>th</sup> from 5:30 - 8:00 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](mailto:tmans@flcbemidji.org) or 444-5302