



**Volunteer Registration Form  
Holy Cross Lutheran Church  
Vacation Bible School 2010  
June 14-18, 2010**

**\* ONCE YOU TURN IN YOUR FORM ASSUME YOU HAVE A JOB! DO NOT EXPECT A PHONE CALL. WATCH FOR TRAINING DATES AND SHOW UP MONDAY READY TO WORK!**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Adults) Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Home Church: \_\_\_\_\_

**\*\*\*\* If you have a food allergy, please bring your own snack\*\*\*\***

**Medical Information**

Knowing that the adult sponsors will take utmost care to ensure my safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my health. In accordance with Colorado State Law, I hereby authorize the staff of Holy Cross Lutheran Church to seek medical attention for me should such an emergency arise, provided that parents/guardians are contacted as soon as possible. Failure to reach parents'/guardians shall not prevent an application of immediate necessary treatment, not excluding injection, anesthesia or surgery. I further agree that Holy Cross Lutheran Church shall be held harmless in the event of accident or injury. And in that regard, I understand and agree Holy Cross Lutheran Church disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

**Volunteer Opportunity Request**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Please note age group preferred to work with (for example, 4 years old or 3rd grade, etc.)

**\* We will do our best to place you as requested. SIGN UP EARLY to get the job of your choice!!**