



Vacation Bible School
Volunteer Registration Form
(For High School and College-age Volunteers)
First United Methodist Church of Avalon
3344 Dune Drive, Avalon, NJ 08202
Week of July 9-13 2018, 9 am – Noon
Sunday, July 15th at 10 am

Name _____

Summer Address _____

City _____ State _____ Zip _____

Winter Address (if different)

City _____ State _____ Zip _____

Phone: _____ Cell Phone _____

Email Address: _____

Age: _____ Date of Birth _____

Home Church _____

- | | |
|---|------------------------------|
| _____ I play a musical instrument | _____ I am good at crafts |
| _____ I speak Spanish | _____ I like little children |
| _____ I enjoy athletic activities | _____ I like older children |
| _____ I have been in plays and enjoy acting | |

High School/College _____

Mother _____

Father _____

In emergency contact _____

Phone: _____ Cell Phone _____

Allergies, Medical, Conditions, and/or other important Information

I give permission for pictures to be taken that may be posted on the church website or placed in the newspaper.

Signature (*Parent's Signature if under 18 years of age*)