



# Niagara Region Christian Community Church VBS 2024 Volunteer Registration Form

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Church: \_\_\_\_\_ Baptism: Yes / No

**Contact Information:**

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Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Why do you want to volunteer at VBS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of your strengths? (ie. Crafts, music – which instrument...etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some things that you would like to work on/challenge yourself with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle the team(s) you would like to be a part of:**

Bible Stories

Crafts

Snacks

Games

Worship

General Helper

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Parent/Guardian Name (Print): \_\_\_\_\_ Phone (Day): (\_\_\_\_) \_\_\_\_\_

If age 18 and under, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Over age 18, Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_