

# The First Presbyterian Church of Iselin

1295 Oak Tree Road, Iselin, NJ 08830

tel: 732-283-1188 www.Iselinpresbyterian.com



## VACATION BIBLE SCHOOL YOUTH VOLUNTEER REGISTRATION VOLUNTEERS MUST BE AT LEAST 13 YEARS OLD

**July 31, 2017 – August 4, 2017 from 8:45 a.m. to 12:00 p.m.**

Please fill out a registration form for each volunteer under the age of 18. Children aged 13 by July 1 may serve as volunteers but must adhere to specified volunteer policies (see page 2).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Child's Grade (Fall 2017) \_\_\_\_\_

Child's Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ e-mail Address \_\_\_\_\_

Parent's/Guardian's Phone ( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Parent's/Guardian's Email: \_\_\_\_\_

Persons to be contacted in case of emergency:

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Does your child have any medical conditions(s) that we should be aware of (allergies, medications, etc.)? If so, please explain \_\_\_\_\_

Siblings who will also be attending VBS \_\_\_\_\_

I would like to volunteer to help with \_\_\_\_\_

*The undersigned gives permission for his or her child to participate in the above-named program and releases First Presbyterian Church of Iselin, its officers, employees and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his/her family in attendance, and the undersigned agrees to defend and indemnify the First Presbyterian Church of Iselin, its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of the children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No \_\_\_\_\_

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of the First Presbyterian Church of Iselin and may be used in future publication as deemed appropriate. If you DO NOT want you or your child to appear in any photographs, please specify on the back of this form.

# Volunteer Policies for Teenage Volunteers

1. Cell phone use is not permitted: This includes phone calls, texting, games, internet use, etc. If parents need to contact volunteers, they should call the church office at 732-283-1188.
2. Volunteers under the age of 18 will be supervised by an adult and will never be left alone with children.
3. Volunteers should be supervising the children and assisting with assigned activities. Volunteers are here for the children, not to socialize.
4. Volunteers are role models for the students in terms of appropriate behavior and language.
5. Volunteers need to be at church by 8:30. Volunteers assigned to work with an age group should be in the sanctuary to meet their students at this time.

I agree to follow the policies set forth above.

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Your Name (Print)

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Signature

Date

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Signature of Parent/Guardian

Date