

**Le Sueur Ecumenical Vacation Bible School
2017 Volunteer Form**

Location: Zion UCC: 240 S. Elmwood Ave. Le Sueur, MN 56058

Dates: Monday, August 7th – Friday, August 11th, 2017

Time: 9:00 a.m. – 12:00 p.m.

VBS 2017 is sponsored by Zion UCC, First Lutheran and the United Methodist Churches of Le Sueur

VOLUNTEERS ARE NEEDED IN THE FOLLOWING ROLES

We welcome both Adult and Youth Volunteers (Youth must have completed 6th grade)

If you have any questions please contact: Sarah or Becky 507-665-2615 snovak@flcls.org or
bpollack@flcls.org

Preschool Assistants: The preschool program will run separately from the VBS Rotational Schedule, but will cover the same theme. The Preschool Leader will implement the curriculum; the assistants will help with the children, activities, etc.

Group Leaders/Assistants: The youth will be assigned into groups. The Group Leaders responsibility is to supervise, take attendance, and to get them to each area on time, and above all, encourage participation in each area. Assistants will assist the Group Leaders.

Track Leaders/Assistants: Track Leaders will plan, prepare and implement the curriculum provided. Assistants will assist the Track Leaders. Track Areas: Sound Wave Sing & Play (All kids meet at the beginning of the day and are lead in songs and meet each new Bible Buddy for that day), Game Makers (kids will participate in high energy games which involves the Bible point for that day), KidVid Cinema (children watch KidVid stories where they meet real kids who are using creativity, imagination and other gifts God gave them), Imagination Station (kids use Sciency-Fun Gizmos to experiment, explore and discover Bible truths), Funshop Finale (at the end of the day all children meet again and review the Bible Points/Buddies for the day and are lead in song/dance).

Snack Factory: Plan/Prepare and set up the daily snacks and Friday lunch.

Name of Volunteer:		Phone Number(s):
Address:		
Home Congregation (if applicable):		If you are a Youth Volunteer, please list Last Grade Completed:
Email Address:		
Medical Allergies and/or Concerns:		Emergency Contact:
Would a Nursery need to be provided for you during your volunteer time (please circle one): Yes or No		
Please Check Area(s) of Interest: <i>You may check more than one area of interest!! Description of Each listed above.</i>		
<input type="checkbox"/> Group Leaders: (preferably 16 years or older) Assistants: <input type="checkbox"/> Preschool or <input type="checkbox"/> K – 5 th Grade	Track Leaders: <input type="checkbox"/> Sound Wave Sing & Play <input type="checkbox"/> Game Makers <input type="checkbox"/> KidVid Cinema <input type="checkbox"/> Imagination Station <input type="checkbox"/> Funshop Finale	Track Assistants: <input type="checkbox"/> Sound Wave Sing & Play <input type="checkbox"/> Game Makers <input type="checkbox"/> KidVid Cinema <input type="checkbox"/> Imagination Station <input type="checkbox"/> Funshop Finale <input type="checkbox"/> Snack Factory

Registration forms are due by: Friday, July 14th, 2017

Mailing Address: Zion UCC 240 S. Elmwood Ave. Le Sueur, MN 56058

There is a **MANDATORY VOLUNTEER MEETING** scheduled for Sunday, July 16th, 2017 at 4:00 p.m.

at Zion UCC; a light meal will be provided.

ALL VOLUNTEERS ARE REQUIRED TO ATTEND.

Youth Volunteer Consent Form

(Only to be completed by the parents of our Youth Volunteers)

Minor Participation Authorization and Consent to Emergency Medical Treatment Form:

I hereby give my consent to have my minor child _____ (name of child) to participate in the following activity of Le Sueur Ecumenical Vacation Bible School at Zion UCC Church (which is sponsored by Zion UCC, First Lutheran Church and the United Methodist Church of Le Sueur) from August 7th, 2017 – August 11, 2017. I 'DO' consent to any medical, surgical, x-ray, anesthetic or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment, but in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the Zion UCC Church sponsoring this event will be used as the secondary coverage.

Signature/Date of Parent or Legal Guardian: _____ Date: _____

Social Media Consent Form:

I _____ **GIVE** / _____ **DON'T GIVE** Le Sueur Ecumenical Vacation Bible School my permission to use my child's name, _____, image(s) in print and/or social media distributed by the churches listed above.

Signature/Date of Parent or Legal Guardian: _____ Date: _____

VBS Field Trip Consent

I _____ **GIVE** / _____ **DON'T GIVE** my permission for _____ (name of youth volunteer), to participate in VBS 2017 and its activities (this includes accompanying the youth to walk or be transported to the local nursing home on the last day of VBS) as a volunteer.

Signature/Date of Parent or Legal Guardian: _____ Date: _____