

Vacation Bible School
Student Volunteer Form

Dear Parents & Students,

Please complete the three forms: student volunteer form, medical authorization release form, and photo release form. Return back to Carolyn Humston in the PSR office ASAP. Thank you.

Student Name _____

Address _____

Phone & E-mail
address _____

Yes, I will be volunteering the whole week of Vacation Bible School.

student signature

date

PARENT SIGNATURE REQUIRED:

Yes, I give my child _____ permission to volunteer to help with Vacation Bible School the week of June 21st - 25th from 8:45 AM to 12 noon.

parent or guardian

date

Daytime phone number _____