

# ROME

AUGUST 7, 8, 9, 10, 11

9 AM TO 12 NOON

## VBS TEEN VOLUNTEER FORM

NAME: \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ AGE \_\_\_\_\_ GRADE (SEPT.17) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

PARENT CELL \_\_\_\_\_

I WOULD LIKE TO HELP IN THE FOLLOWING AREAS

MUSIC \_\_\_\_\_ CRAFTS \_\_\_\_\_ STORY \_\_\_\_\_

GAMES \_\_\_\_\_ SNACK \_\_\_\_\_

COUNCELOR/ESCORT \_\_\_\_\_

I NEED SERVICE HOURS FOR CONFIRMATION \_\_\_\_\_

I NEED SERVICE HOURS FOR SCHOOL \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_