

Lakefield VBS

August 14-18. 2017

Youth Volunteer Application



In our desire to reduce the risk of abuse within our community ministries, we believe this information is necessary to protect our Children and our Volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

Personal Information

Full Name _____ Grade _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (C) _____

Name of Parents _____ Phone Number _____

Are your parents supportive of your involvement with VBS? Yes No

If no, please explain

Hobbies, Interests or Skills

Volunteer Experience and Part-time Jobs

Are you affiliated with a Church community? Yes No

If yes, which one _____

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Parent/Guardian _____

Printed Name _____ Date _____