

# SHIPWRECKED VBS Volunteer Form 2018

## NASSAU STREET CHURCH

Name of volunteer: \_\_\_\_\_

Position volunteering for: \_\_\_\_\_

Over or Under 18 years of age: \_\_\_\_\_ Circle Gender: **M** **F**



*So we can send you volunteer information closer to the VBS start date:*

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Email address: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Volunteer's MB Medical #: Registration \_\_\_\_\_ PHIN \_\_\_\_\_

**\*\*Health problems, medical conditions, allergies, medications you take on an ongoing basis, etc.  
which we should be aware of:**

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Home church *(if applicable)*: \_\_\_\_\_

T-shirt size *(please circle)*: **Adult-XS** **Adult-S** **Adult-M** **Adult-L** **Adult-XL** **Adult-XXL**



# Jesus Rescues!



*Please Turn Over*

If the Volunteer is **over** the age of 18:

**Emergency Contact**

Name: \_\_\_\_\_ Relation to volunteer \_\_\_\_\_

At home # \_\_\_\_\_ or work/cell # \_\_\_\_\_

I, the undersigned volunteer, hereby consent to any emergency medical attention deemed necessary for myself while I am volunteering at NSC VBS camp. I understand that if a situation arises in which I require medical attention, I will be transported to the nearest medical facility at my expense, and my emergency contact in turn will be notified. I also waive Nassau Street Church, and its affiliates of all liabilities. I also authorize NSC to take photographs and videos understanding that they are solely used for this program.

I also authorize Nassau Street Church to conduct a Criminal Records Search and Child Abuse Registry Check as a condition of my volunteering at NSC VBS camp. I understand I will be contacted by the Nassau Street Church Office to complete the necessary forms.

\_\_\_\_\_/ 2018  
VOLUNTEER DATE SIGNED

If the Volunteer is **under** the age of 18:

Parents/guardians: (print) \_\_\_\_\_ Relation to volunteer: \_\_\_\_\_

Home Email address: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

MOM: Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

DAD: Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

**In case of emergency, if you, the undersigned, cannot be reached...**

Contact: \_\_\_\_\_ Relation to volunteer \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work/cell # (\_\_\_\_) \_\_\_\_\_

I, the undersigned parent/guardian of the volunteer, hereby consent to any emergency medical attention deemed necessary for the volunteer while they are volunteering at NSC VBS camp. I understand that if a situation arises in which the volunteer requires medical attention, they will be transported to the nearest medical facility at my expense, and I in turn will be notified. I also waive Nassau Street Church, and its affiliates of all liabilities. I also authorize NSC to take photographs and videos understanding that they are solely used for this program.

\_\_\_\_\_/ 2018  
PARENT/GUARDIAN SIGNATURE DATE SIGNED