

# VBS VOLUNTEER FORM

July 20 - 24, 2020



## VOLUNTEER INFORMATION

Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

Adult Volunteer

Student Volunteer

\_\_\_\_\_

Current Grade

Contact Information

\_\_\_\_\_

Email

\_\_\_\_\_

Primary Phone Number

\_\_\_\_\_

Secondary Phone Number

## TALENTS & AVAILABILITY

What type of volunteer work you would enjoy?

Group leader

\_\_\_\_\_

Teach lessons

\_\_\_\_\_

Kitchen support

\_\_\_\_\_

Are you available to volunteer for the entire week or specific dates?

\_\_\_\_\_

**THANK YOU FOR VOLUNTEERING. WITHOUT YOUR TALENTS  
THIS PROGRAM WOULD NOT BE POSSIBLE!**

Return completed form to Tyra Thomas.