



YOUTH LEADER REGISTRATION FORM



Thank you for volunteering to be a Youth Leader at Operation Restoration VBS! Use this customizable form to register as a Youth Leader.

Youth Leader's Name: _____	Age: _____
Nickname (if any): _____	
Cell phone: _____	Okay to text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address: _____	
Last school grade completed: _____	
Home Congregation (if any): _____	

Parent/Guardian Name(s): _____

Address: _____

Home phone: _____ Cell phone: _____

Home email address: _____

In case of emergency (if parent/guardian cannot be reached) please contact:

Name: _____

Phone number: _____ Relationship to Volunteer: _____

Is Youth Leader providing their own transportation? Yes No

If not, who will be dropping off and picking up?

Name: _____

Phone number: _____

Check here if you have signed a Media Release Form. _____

Please list any allergies (including food allergies) VBS staff should be aware of:



Do you have one or more peers you'd like to work with? If so, list them here:

We are so excited to have you help with VBS. Is there anything you would like to us to know so that you can have the best week possible?



Parent/Guardian Signature:

For office use only

_____ All forms submitted

Assigned to VBS activities:





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