



POWER LAB

DISCOVERING JESUS' MIRACULOUS POWER

VBC Registration Form

It's FREE if you register by May 12!

Late Registration \$20/Family

Date Rec'd

Family Name:		
Parent(s) or Adult Volunteer Full Name:		
Address:		
City:		Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail:		
Emergency Contact Person: Name:		Relationship:
Primary Phone:		Alt. Phone:
Physician's name and telephone:		
Insurance carrier:		Policy Number:
VBC Choice:	<input type="checkbox"/> Evening SUN-THU 6:30 PM - 8:30 PM	
	<input type="checkbox"/> Morning MON-FRI 9:00 AM - 12:00 Noon	

Adult/High School Aged volunteer days available for help.

Name of Volunteer: _____

Evening:

Sun 6/8	Mon 6/9	Tue 6/10	Wed 6/11	Thu 6/12
Mon 6/9	Tue 6/10	Wed 6/11	Thu 6/12	Fri 6/13

Morning:

Name of Volunteer: _____

Evening:

Sun 6/8	Mon 6/9	Tue 6/10	Wed 6/11	Thu 6/12
Mon 6/9	Tue 6/10	Wed 6/11	Thu 6/12	Fri 6/13

Morning:



This awesome VBC is made possible with many great volunteers. If you are not available during "camp hours" but would like to help in other areas, please let us know. There are PLENTY of opportunities for preparation, set-up & clean up.

I'm available before camp for preparation.

I'm available after camp for clean up.

In the event of illness or injury, I do hereby consent to Saint Barnabas Office of Faith Formation administering any necessary medical treatment. I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending vacation bible camp and related activities. Any violation of these rules and regulations may result in that individual being sent home.

Signature of parent/guardian

Date

Student participants and student volunteers complete additional information on other side.

Nursery, Two's Room & Almosters (Newborns to Age 3)
Available only to Morning Volunteers while parent is on campus

Child's Full Name	Date of Birth	Allergies, Medications, Special Needs

Power Lab (Ages 4 to Grade 3)

Child's Full Name	DOB	Grade Fall 2008	Allergies, Medications, Special Needs

Rock Solid (Grades 4 and 5)

Child's Full Name	DOB	Grade Fall 2008	Allergies, Medications, Special Needs

Student Volunteers (Grades 6 through 8)

Child's Full Name	DOB	Grade Fall 2008	Allergies, Medications, Special Needs
	Days/Nights Available		SUN MON TUES WED THUR FRI
	Days/Nights Available		SUN MON TUES WED THUR FRI
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Requirements for student volunteers include respect for peers, adults, and participants and carrying out your assigned responsibilities.