Ebenezer United Methodist Church & Resurrection Parish



Vacation Bible School 2024

Monday, June 17 – Friday, June 21, 2024 9:00 AM to 12:00 Noon

Volunteer Application

Thank you for returning this form to Ebenezer United Methodist Church, 525 Polly Drummond Hill Road, Newark, DE 19711 no later than Tuesday, June 4, 2024

First and Last	Name:					
Address:						
Email:						
T-shirt Size:	Youth XL	Adult SM	Adult MED	Adult LG	Adult XL	Adult 2X
l am an:	Adult or	,	Youth <i>(must h</i>	ave completed 6	6th grade to vo	olunteer)
ADU	ILT VOLUNT	EERS (age	18 or older) COI	MPLETE THIS	SECTION:	
	the start of VBS a	ind are respons	ible for all costs as	check on file with E sociated with back file with (check o	ground screening.	
		_ Ebenezer		Resurrection		
fo Volunte	or the appropriate e rs affiliated with for the appr	Safe Sanctuarie Resurrection opriate backgro	es background scr may contact Elain ound check and vo	office newarkebene eening and authorize Edittle at elittle@re lunteer covenant for	ation forms. esurrectionde.or rms.	
⇒ May we photo Photos will be used websites, Facebook	during closing cel	ebration slide s		NO ear on the Ebeneze	r and/or Resurrec	tion
⇒ Will you need Child(ren)'s nam	_		•	4? Yes _	No	
⇒ Are you avail	able to help wit	h the Friday a	afternoon Closii	ng Celebration?	YesI	No
Signature of ADUL	T volunteer (plea	ase print and s	ign)	 Date		



YOUTH volunteers complete this section

\Rightarrow	Age:	Birthdate: _	/_	/	Grade in September	Gender F M					
\Rightarrow	Preferred VBS assignment: We will do our best to match you with your preferred assignment but may need to assign you where the need for help is greatest. Our Safe Sanctuaries policy requires that youth volunteers be at least 5 years older than the children in their care so older youth are typically assigned to work with older elementary groups.										
\Rightarrow	Please list any food or other allergies or medical information the nurse should know:										
	Volunteers with food allergies should bring their own snack to VBS each day.										
⇒ Youth's physician: Phone:											
Ра	rent or gua	ardian's name (ple	ase pr	rint):							
Ра	rent or gua	ardian's primary p	hone								
Ра	rent or gua	ardian's email add	ress:								
En	nergency c	ontact (other than	paren	t or guard	dian):						
Ph	one:				Relation to youth:	Relation to youth:					
Ou	r procedure	if a youth voluntee	r beco	mes sick	or injured at VBS:						
2. 3.	Ebenezer United Methodist Church (EUMC) will call the parent's/guardian's primary number, then secondary number, and then the emergency contact number. If there is no answer at any of the numbers provided, EUMC will call an ambulance to transport the youth to a medical facility. A designated EUMC adult will accompany the youth to the medical facility. Based upon medical judgment of the attending physician, the youth may be treated and/or admitted. EUMC will continue calling the parent/guardian and emergency contact until one is reached.										
\Rightarrow	authorized (designate <u>must sign m</u>	inors (under age	from VBS? Unless you check and sign 18) out of VBS each day.	· · ·					
			Relation to youth:								
	Check and	sign here if your yout	h is pei	mitted to	sign him or herself in and out						
		hotograph your yo d during closing celebratio			SS? Yes N y appear on the Ebenezer and/or Resurrection w	Nebsites or bulletin boards.					
Ar	e you avail	able to help with t	he Fri	day afte	rnoon Closing Celebration?	YesNo					
\Rightarrow	Signature of	of YOUTH volunteer			Date						
\Rightarrow	Signature of	of Parent or Guardia	n	· · · · · · · · · · · · · · · · · · ·	Date						

For questions about being a VBS youth volunteer, please contact

Elaine Little from Resurrection at elittle@resurrectionde.org or Megan and Mike Jones from Ebenezer at youth_pastor@verizon.net