

Monroe Congregational Church
Vacation Bible School
Volunteer Form

Name: _____

Age: _____

Phone Number: _____

Email Address: _____

Are you Safe Church Trained? ___ Yes ___ No

Are you a member of MCC? ___ Yes ___ No

Are you related to a Camper? Who? What is your relationship?

Are you related to a Volunteer? Who? What is your relationship?

Where do you want to work? (top 3)

What is your availability during the week of VBS?

Have you been involved in VBS before? What did you do? Which years?

Do you have any other relevant experience or certifications?

Do you have any allergies or medical conditions we should be aware of?

Is there anything else you think we should know?
