

**Damascus United Methodist Church**  
**VACATION BIBLE SCHOOL REGISTRATION**  
**2020 VBS -- Form for Youth Helpers**

*(Please fill out a form for each youth helper and return to the Resource Room or the Church Office)*

***Return this form ASAP***

***We can only use a limited number of youth helpers this year***

**DATE OF VBS WEEK:** **July 6 – 10, 2020** (Please plan to work 8:30am-12:30pm each day)

Name \_\_\_\_\_ T-Shirt Adult Size   S   M   L   XL  
(Please circle one)

Grade Entering (6<sup>th</sup> and up) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Allergies or other concerns \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, I give permission for Shady Grove Hospital to treat (name of youth)  
\_\_\_\_\_ for any accident or injury that occurs while attending Vacation Bible School.

Name of Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone# \_\_\_\_\_

***As a youth helper for VBS, I understand that:***

- ***I must attend the mandatory training meeting on July 5th, 2020 (Time: 3:00 – 4:00 pm),***
- ***I must complete the Safe Sanctuary Covenant Form with parent signature,***
- ***I will be a role model for the children at all times during VBS week,***
- ***I will fulfill my duties as described at the training meeting,***
- ***I will act appropriately at all times, keep my cell phone tucked away during VBS hours, and***
- ***I will call the adult leader, with whom I am working, if I need to be absent any of the days during that week.***

Signed (youth): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate any dates/times you will **not** be able to help during VBS: \_\_\_\_\_

**Remember to complete the Safe Sanctuary Covenant Form, which must be turned in with this application.)**  
**Any questions? Please call the office at 301-253-0022 or email Cora Horst, cora.horst@damascusumc.org**