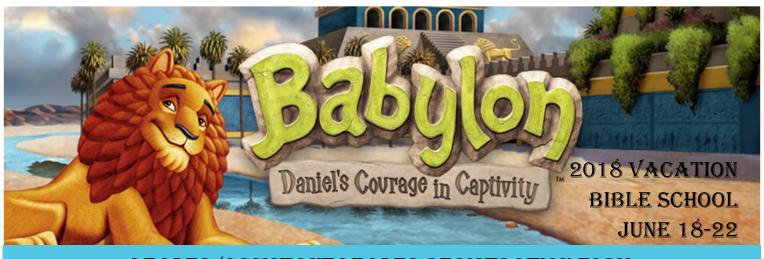
ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH

7410 SUNSET DRIVE \dagger MIAMI, FL 33143 STMATTHEWMIAMI.ORG \dagger 305-665-7333



LEADER/ASSISTANT LEADER REGISTRATION FORM

Name	Nick Name		
Birth date	Age		
Grade Completed June 2018	School		
Mailing Address	City		
State Zip	E-Mail Address		
Contact Phone Number			
Allergies and/or medical conditions _			
Emergency Contact Information			
Name	Phone	Re	lation
Name	Phone	Re	lation
Physician Name	Phone		
Insurance Company	Policy No		
I would like to be a VBS Volunteer be	ecause		
My special interests are			
Adult Shirt Size: Small ☐ Med	ium □ Large □] XL □	

[CONTINUED ON BACK OF FORM]

I agree to abide by the rules established f	For St. Matthew VBS Volunteers.		
Your Signature	Date Signed		
For volunteers under 18 years old:			
As	's parent(s), I /We understand the		
that he/she will be at VBS on all days h	g a VBS Volunteer. I will do my part in assuring ne/she has agreed to work.		
Darant's Cianatura	Data Signad		
Parent's Signature	Date Signed		