

ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH

7410 SUNSET DRIVE † MIAMI, FL 33143

STMATTHEWMIAMI.ORG † 305-665-7333



LEADER/ASSISTANT LEADER REGISTRATION FORM

Name _____ Nick Name _____

Birth date _____ Age _____ Male _____ Female _____

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 _____ Relation _____

Name _____ Phone _____ Relation _____

Physician Name _____ Phone _____

Insurance Company _____ Policy No. _____

I would like to be a VBS Volunteer because _____

My special interests are _____

Adult Shirt Size: Small Medium Large XL

[CONTINUED ON BACK OF FORM]

I agree to abide by the rules established for St. Matthew VBS Volunteers.

Your Signature

Date Signed

For volunteers under 18 years old:

As _____'s parent(s), I /We understand the commitment involved in him/her being a VBS Volunteer. I will do my part in assuring that he/she will be at VBS on all days he/she has agreed to work.

Parent's Signature

Date Signed