VBS Youth Volunteer Application (Sixth Grade and up in fall 2023)

Hope Lutheran Church, Stellar VBS, July 10-14, 8:30-noon

Name:		Grade in Fall '23	
Parent's Email address:		Phone # Parent Cell:	
1. Why do you want to serve	e as a volunteer a	at VBS?	
2. What are specific talents y	you have that wi	II be beneficial as a VBS volunteer?	
3. Have you helped with VBS	in the past? If y	yes, where did you serve?	
4. Where would like to serve	e this year at VBS	6? Are there any friends you would like	e to serve with?
Please get the signatures ar recommend you for this posi	•	ers of two adults (other than your pa	arents) who would
Reference #1:	·	Phone Number:	
Reference #2:		Phone Number:	
the following: 1. Listening a	and respecting th	take my role and responsibilities serion he adults in leadership roles 2. Puttipositive example for the children attend	ng my phone away
Applicant's Signature	 Date	Parent's Signature	 Date

Please turn your application into the Hope school office or to patramueller@hopeseattle.org. After your application is processed, you will receive an email with your volunteer role and directions of how to sign up online. Thank you!