**VBS Youth Volunteer Application** (Sixth Grade and up in fall 2025)

Hope Lutheran Church, **True North**, **June 23-27, 8:30-noon**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall** ’**25 \_\_\_\_\_\_\_\_\_\_**

**Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # Parent Cell: \_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Why do you want to serve as a volunteer at VBS?**

**2. What are specific talents you have that will be beneficial as a VBS volunteer?**

**3. Have you helped with VBS in the past? If yes, where did you serve?**

**4. Where would like to serve this year at VBS? Are there any friends you would like to serve with?**

**5. Are you available to serve for the full week?**

**Please get the signatures and phone numbers of two adults (other than your parents) who would recommend you for this position.**

**Reference #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that if I volunteer at VBS I will take my role and responsibilities seriously and I agree to the following: 1. Listening and respecting the adults in leadership roles 2. Putting my phone away during VBS hours 3. Engaging with the students and trying my best to be a positive example for them.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Applicant**’**s Signature Date Parent**’**s Signature Date** **Please turn your application into the Hope school office or to [patramueller@hopeseattle.org](mailto:patramueller@hopeseattle.org).**