

Student VBS Volunteer Covenant

(VBS COPY - TO BE **COMPLETED AND RETURNED**)

I, _____, agree to participate as a volunteer at Trinity Church's Vacation Bible School 7/22 – 7/26, from 8:45 am – 12:30 pm. By signing below, I agree to:

- Be present during the above hours unless I notify Rachel Savokinas (973-713-2831/talk or text) or Danielle Witt (570-977-5050 cell) that I am unable to attend due to illness or emergency.
- Attend one Staff Training session (Tuesday, 6/11; Wednesday 7/10; or Saturday 7/13).
- Help set-up Trinity's campus for ROAR on Saturday, 7/20 (Noon – 5pm). A student may be present for all of set-up or part of set-up. If there's a schedule conflict, please let us know.
- **Attend VBS Kickoff Lunch Sunday, 7/21st (Noon – 3pm)**
- Not alter my VBS T-Shirt during VBS week. (Your VBS shirt represents and lets others know that you are part of the VBS Team.)
- Wear modest clothing (if you can't wear it to school – please don't wear it to church.)
- Stay on the Trinity campus until VBS has ended.
- Not put pictures of the children on Facebook. There will be some children whose parents do not want us to take their pictures and to be on the safe side we are asking that no pictures taken of or with the children be put on Facebook.
- Remember that my primary responsibility is to the children, fellow crew leaders and station leaders. Therefore, I will refrain from using my personal electronic devices (i.e, cell phone, iPod) during VBS or training hours. (please note that if any electronic device interferes with your VBS responsibilities, it will be confiscated and returned to you at the end of the day)
- Participate with enthusiasm and a cooperative spirit.
- Treat all VBS volunteers and participants in a loving, supportive manner, always keeping in mind, WWJD (What Would Jesus Do?).
- Have fun as I help make **ROAR VBS** a fun and meaningful experience for all VBS volunteers and participants.

Student Volunteer Signature

Date

E-mail (if applicable)

Parent's Acknowledgment

I, _____, have reviewed this agreement with my son/daughter and grant permission for him/her to participate in VBS.

Parent Signature

Date

******turn over to complete Emergency & Photo Release Information******

Emergency Contact/Medical Information

Parent/Guardian:

Home Phone _____ Work Phone _____

Email _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Allergies/Concerns or comments: _____

Communication Authorization

I (we) give permission for _____ to receive communication from any Trinity ministry leaders/volunteers via:

_____ Email
_____ Instant Messaging
_____ Calling via cell phone
_____ Texting

Signature of Parent or Guardian _____

Photo Release Consent

Through a series of photographs taken throughout the entire week of various VBS events, the entire Trinity Church Family can enjoy the fun and excitement experienced by our children. We respect the privacy of all individuals, and for that reason we ask that you please complete the following photo release consent for your child. By signing this photo release consent form, I give the Trinity United Methodist Church of Hackettstown permission to use my child's photograph as indicated below.

1. Do you give permission for photos to be taken of your child to be used in the VBS This Morning video produced and shown at VBS each day?

_____ Yes _____ No

2. Do you give permission for photos to be taken of your child for publications, promotional purposes, media press releases, bulletin boards, Trinity scrapbook/photo album and other such purposes on behalf of Trinity United Methodist Church?

_____ Yes _____ No

3. Do you give permission for photos of your child to be posted on Trinity's website (without names)?

_____ Yes _____ No

4. Do you give permission for photos of your child to be posted on Trinity's Facebook page?

_____ Yes _____ No

5. Do you give permission for photos of your child to be posted on Trinity's VBS Volunteers Facebook page (this page is a closed group monitored by the VBS Director and other Trinity staff)?

_____ Yes _____ No

Name of parent/guardian (please print): _____

Signature: _____ Date: _____

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(STUDENT COPY – PLEASE KEEP FOR YOUR RECORDS)

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