**VBS Youth Volunteer Application** (Sixth Grade and up in fall 2019)

Hope Lutheran Church, **Roar VBS**, July 29-August 2, 2019, 8:30-noon

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall ’19 \_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #’s: Home: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_**

**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?**

**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. I will try my best to be a positive example for the children attending VBS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ 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!**