



Niagara Region Christian Community Church VBS 2026 Volunteer Registration Form

Name: _____ Age: _____ Birthday: _____

Church: _____ Baptism: Yes / No

Contact Information:

Address: _____ City: _____

Home Phone: (____) _____ Cell: (____) _____ Email: _____

Emergency Contact: _____ Phone: (____) _____

Why do you want to volunteer at VBS? _____

What are some of your strengths? (ie. Crafts, music – which instrument...etc) _____

What are some things that you would like to work on/challenge yourself with? _____

Circle the team(s) you would like to be a part of:

Bible Stories

Crafts

Snacks

Games

Worship

General Helper

Parent/Guardian Name (Print): _____ **Phone (Day):** (____) _____

If age 18 and under, Parent/Guardian Signature: _____ **Date:** _____

Over age 18, Volunteer Signature: _____ **Date:** _____