



# Youth Volunteer Application Form



Jubilee United Church Vacation Bible School  
40 Underhill Drive, Toronto M3A 2J5

**August 16 – 20, 2010**

Friendship Idol Vacation Bible School is a volunteer staffed program hosted by Jubilee United Church. We welcome youth volunteers willing to be positive role models for the children participating in our program, bringing Christ alive by creating a safe, loving and playful community of faith. If you enjoy working with children and would like to be a Friendship Idol Group Leader or Group Leader's Assistant, then complete the following application form and return it to our VBS Director, Lee-Ann Ahlstrom (416-447-6846 ext. 104).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

What grade are you entering in September: \_\_\_\_\_

What position are you volunteering for: (please make first choice #1 and second #2)

Group Leader  Group Leader Assistant

Preferred age group: (circle one) Nursery/JK SK Gr.1&2 Gr. 3&4 Gr. 5&6

What part of our program are you most interested in? :

Games Crafts Line Dancing Puppet Skits

Opening and Closing Session Leadership Drama/Puppet Skits

Please mention any prior experience working with children:

When \_\_\_\_\_ Where \_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What training, experience and/or talents will you bring to our children's camp?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify a specific skill or competency that you would like to develop while volunteering at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you are seeking to earn community service hours: (circle one) Y N

Please indicate if you will be needing a letter of reference after completing your volunteer commitment: (circle one) Y N

Healthcare number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

Date of your last tetanus shot: \_\_\_\_\_

Please list any allergies:

<u>Allergy</u>	<u>Treatment</u>
_____	_____
_____	_____
_____	_____

Are there any other health related issues or concerns that we should be aware of?:

\_\_\_\_\_

Training Expectations:

**Training sessions will be provided and full participation is required. If you cannot make a training session, you must contact the Director in advance.**

Parent Permission if under 16 years:

I (print name) \_\_\_\_\_ give permission for the above named applicant to volunteer with the Cactus Canyon Vacation Bible School at Jubilee United Church.

Parent/Guardian Signature: \_\_\_\_\_ Contact Number \_\_\_\_\_

Volunteer Agreement:

The information on this application form is an honest and accurate representation of my experience, competence and condition of health. I agree to conduct myself in a professional and dependable manner, attending all training sessions and camp programs on time and with a sincere commitment to the safety and well being of the children and other volunteers participating. I will provide the camp Director with sufficient notice if I am unable to attend any of the training sessions or if I cannot be present and on time for daily camp programs.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_