

## Vacation Bible School Volunteers

Dates \_\_\_\_\_ Time \_\_\_\_\_

**Before VBS,  
I would like to help by  
(circle one or more):**

**During VBS,  
I would like to help in one or more  
of the following areas (please circle):**

### Age Level Preference

Prekindergarten (3-4 yrs.)	Kindergarten (5 yrs.)	1st grade	2nd grade
3rd grade	4th grade	5th grade	6th grade

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

E-mail \_\_\_\_\_

If you have any questions about Vacation Bible School or your involvement in it, please call

\_\_\_\_\_

(name and phone number)

**PLEASE RETURN THIS FLYER TO THE CHURCH OFFICE.**