



Rolling Hills United Methodist Church  
Vacation Bible Camp

## Volunteer Descriptions

July 31<sup>st</sup> – August 4<sup>th</sup>  
9:00am – 12:00pm

**Crew Leaders** are the heart and soul of VBC! They are in charge of the same group of children daily. With the help of an assistants, the Crew Leaders guide children to stations and encourage participation in VBC activities. Crew Leaders do NOT prepare lessons or activities; rather, they serve as mentors and friends who keep their group engaged, organized and safe. (Available to 10<sup>th</sup> grade – adult).

**Assistant Crew Leaders** help Crew Leaders with the same group of children daily. They enjoy kids, keep track of the children and happily encourage and participate in all camp activities. (Available to 6<sup>th</sup> - 10<sup>th</sup> grade).

**Station Assistants** help at a designated station, supporting the needs of the Station Leader and assisting the children as necessary. (Available to 6<sup>th</sup> – 10<sup>th</sup> grade).

Bible Assistant  
Science Assistant

Craft Assistant  
Games Assistant

**Greeters** serve from 8:45-9:15 each morning, greeting children and parents as they enter the building and providing directions as needed.

### Important note

\*Crew and Station Leaders are GUARANTEED placement of their children in camp.

\*Prior to the start of VBC, there will be a mandatory meeting for ALL camp volunteers. Date and time to be announced.

\*Volunteers serving all 5 days of camp are required to arrive each day no later than 8:45am for a quick meeting before the campers arrive.

### Volunteer Information

Priority for camp acceptance is given to children whose parents (or guardians, older sibling, grandparents, etc.) can volunteer with us that week. Volunteers must be 6<sup>th</sup> grade or older.

Can you (or a guardian, older sibling, grandparent, aunt/uncle of child, etc.) volunteer at camp?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the NAME of the person available to volunteer:

Relationship to child/children:

Volunteer's email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ROLLING HILLS UNITED METHODIST CHURCH  
VACATION BIBLE CAMP VOLUNTEER FORM 2023**

|   |                          |                          |
|---|--------------------------|--------------------------|
| VOLUNTEER NAME:   |                          |                          |
| PLEASE CHECK WHICH BOX APPLIES TO YOU:                            |                          |                          |
| ADULT VOLUNTEER:  | HIGH SCHOOL VOLUNTEER:   | MIDDLE SCHOOL VOLUNTEER: |
| IF YOU ARE IN SCHOOL, WHAT GRADE WILL YOU BE IN THE FALL OF 2023: |                          |                          |
| EMAIL ADDRESS:  |                          |                          |
| ADDRESS:  | CITY:                    | ZIP CODE:                |
| CELL PHONE:   | HOME PHONE:              |                          |
| EMERGENCY CONTACT PERSON:   | EMERGENCY CONTACT PHONE: |                          |
| PLEASE CHECK THE T-SHIRT SIZES THAT APPLIES TO YOU:               |                          |                          |
| ADULT SMALL:  | ADULT MEDIUM:            | ADULT LARGE:             |
| ADULT X-LARGE:  | ADULT XX-LARGE:          | ADULT XXX-LARGE:         |

**ADULT/PARENT/GUARDIAN CONSENT FORM**

|   |              |
|---|--------------|
| NAME OF INSURANCE POLICY HOLDER:  |              |
| INSURANCE COMPANY PHONE NUMBER:   |              |
| INSURANCE POLICY NUMBER:  |              |
| <p>I UNDERSTAND THAT ALL REASONABLE SAFETY PRECAUTIONS WILL BE TAKEN BY THE LEADERS OF THIS ACTIVITY, AND THAT THE POSSIBILITY OF AN UNFORESEEN HAZARD MAY EXIST. I FURTHER AGREE NOT TO HOLD: ROLLING HILLS UNITED METHODIST CHURCH ITS LEADERS, EMPLOYEES, AND VOLUNTEER STAFF LIABLE FOR DAMAGES, LOSSES, DISEASES, OR INJURIES INCURRED BY THE MINOR LISTED ON THIS FORM.</p> <p>IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE MY CONSENT FOR A LICENSED PHYSICIAN OR HOSPITAL OR CITY EMERGENCY PERSONNEL TO PROVIDE EMERGENCY CARE FOR MY CHILD OR MYSELF SHOULD SERIOUS ILLNESS OR ACCIDENT OCCUR DURING THIS ACTIVITY. SUCH PERSONNEL SHOULD BE AWARE OF THE FOLLOWING MEDICAL CONDITION(S) OF MY CHILD OR MYSELF, OR SPECIAL ACCOMMODATION(S) NEEDED.</p> |              |
| MEDICAL CONDITIONS OR SPECIAL ACCOMODATIONS:  |              |
| SIGNATURE ADULT/PARENT/GUARDIAN:  | DATE SIGNED: |

