

Buckingham United Methodist Church

VBS 2018

Volunteer Registration Form



July 12–15, 2018

9:00 am–12:00 pm

Volunteers Name: _____ Sex: M ___ F ___

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

DOB: _____ Drivers License: _____ State: _____

Emergency Contact: _____ Phone: _____

Allergies, medical conditions, special needs: _____

In case of medical emergency, do we have your permission to transport you to the nearest medical facility? Y: ___ N: ___

Signature: _____ Church Affiliation: _____

My picture may appear in church/news publications: _____
(Signature)

I would like to purchase a VBS music CD for \$8: Y: ___ N: ___

I would like to volunteer as a: Station Leader: _____ Crew Leader: _____ Other: _____

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