



ADULT VOLUNTEER REGISTRATION FORM



Thank you for volunteering at Operation Restoration VBS!
Use this form to register.

Volunteer's Name: _____

Nickname: _____

Mailing address: _____

Email address: _____

Home phone: _____ Cell phone: _____

Okay to text you? Check one. Yes No

In case of emergency please contact:

Name: _____

Phone: _____

Relationship to volunteer: _____

Please list any allergies (including food allergies) we should be aware of:

Have you signed a Media Release Form? Check one. Yes No

We are so excited to have you help with VBS. Is there anything you would like to us to know so that you can have the best week possible? If so, write about it here:



Volunteer Signature:

For office use only:

All forms submitted

Assigned to VBS activities:

Other Information



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