



CHRIST LUTHERAN CHURCH  
2610 N. CAMPBELL STREET, VALPARAISO, IN 46385  
219-462-6660

VACATION BIBLE SCHOOL  
VOLUNTEER REGISTRATION  
JULY 11-15, 2010

NAME: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/CELL#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**VBS POSITION:**

\_\_\_\_ **BLAST HERDER:** guide a small "herd" of kids to their daily activity sites and participate in prepared activities

\_\_\_\_ **KALAHARI CRAFTS:** young herds discover their creative side with activities that explore the daily themes: trust, love, follow, care, and share

\_\_\_\_ **SARARI SNACKS:** help herds create tasty treats to feed the stomach and nourish the heart

\_\_\_\_ **GRASSLAND GAMES:** have a blast with the herds leading exciting indoor/outdoor fun that reinforces the daily Bible story and encourage fair play

\_\_\_\_ **SAVANNAH STORYTELLING:** help young herds explore the daily Bible story through storytelling and creative activities

\_\_\_\_ **MADAGASCAR MUSIC:** help build a sense of community with the herds through songs and actions

\_\_\_\_ **SERENGETI SCIENCE:** help herds explore the living lab within the hollowed out trunk of the Baobab tree

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**Christ Lutheran Safety and Security Program**

**Children & Youth Ministry Background Check**

All information provided by the applicant will be kept strictly confidential.

Requesting Agency Christ Lutheran Church

Full Name (please print) \_\_\_\_\_

Print all other names that have been used by applicant (if any):  
\_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City / Zip \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

**Reason for Request:**

Prospective adult volunteer for children (pursuant to IC 5-2-5-13)

**Warning:**

**IC 5-2-5-5 Any person who uses limited criminal history for any purpose not specified in the request commits a Class (A) misdemeanor offense.**

Consent & Signature: I certify that the information I have provided on this application is true and correct. I authorize CLC, or its designated representative, to verify the information by contacting references I have listed. I authorize CLC, or its designated representative, to request a background/criminal records check to verify my suitability as a volunteer with the children & Youth' ministries of CLC. I affirm that I expect the personal information in this application to be kept strictly confidential by the professional staff of CLC.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_