

VBS at North Branch Reformed Church

Volunteer Registration Form

Name: _____

Address: _____

Email: _____

Phone number: _____

Cell number: _____

Volunteer position: _____

Please list 1st and 2nd preference: Teacher, Guide, Snack, Play, Decorating, Clean-up. We will do our best to accommodate your wishes.

Your child will be registered now for free.	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME
NAME			
BIRTHDAY			
AGE			
CURRENT GRADE			
Allergy/Health/ Important Information			

Children that have completed 6th grade and older are eligible to volunteer.

Name: _____

Age: _____ Grade: _____

Name: _____

Age: _____ Grade: _____

Any questions or concerns please contact Amie Wengryn or Adriane Domareckyj at vbs@nbrc.com

Please return this form to the Church office or mail to:

NBRC/VBS

203 Route 28

Bridgewater, NJ 08807