



STAFF REGISTRATION VBS 2019

**Monday, June 24th – Friday, June 28th
8:15 am (arrival) – 12:15 pm**

Please fill out form completely – both sides.

**T-Shirt
Size
(Adult)**

Circle One:

S

M

L

XL

2X

3X

Name: _____

Complete Address: _____ Zip _____

Email Address: _____ Cell: _____

Preferred method of contact? Phone or Email. If by phone, best time to call: _____

If you are **under 18**, age in June 2019: _____ Grade in Sept. 2019 _____
(6th Graders attend VBS)

Where would you like to serve?

- | | |
|--|--|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Media Team (photos/video) |
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Medical Emergency Team |
| <input type="checkbox"/> Preschool Assistant | <input type="checkbox"/> Admin/Registration |
| <input type="checkbox"/> Nursery (0-3 yrs) | <input type="checkbox"/> Misc Tasks |
| <input type="checkbox"/> Elementary | |
| <input type="checkbox"/> Crew Leader | |
| <input type="checkbox"/> Dance Team | |
| <input type="checkbox"/> Crafts | |
| <input type="checkbox"/> Games | |
| <input type="checkbox"/> Kids' Snacks | |
| <input type="checkbox"/> Missions Station | |
| <input type="checkbox"/> Drama/Bible Station | |

Staff Requirements and Commitments

- I have confessed Jesus Christ as my Lord and Savior, repented of my sins, and strive to live for Him in every area of my life.
 - I am unsure and would like someone to contact me in regards to my relationship with Jesus Christ.
- I love and enjoy children. I commit to treat them with respect and the utmost care while carrying out my duties at VBS.
- Arriving on time will be one of my highest goals the week of VBS.
- I will arrive each day prepared – having studied and/or read over any necessary materials as are required for my position.
- (If you are over 18) I agree to submit to a background check as required by law, if one is not already on file.

By signing, I attest that I have read and agree to the above commitments.

Signature: _____ Date: _____

(Please see back of form to complete registration)

I will need nursery care (ages 0-3). If so, please complete below.

Child's Name: _____

M / F

Child's Age: _____ Child's Date of Birth: _____

Allergies/Medical Conditions: _____

Does your child have any special behavioral needs requiring assistance during VBS week? *(Optional)*

Yes (If yes, you will be contacted to determine how we can best serve your child.)

THE BRIDGE BIBLE FELLOWSHIP
MEDICAL CONSENT AND RELEASE FROM LIABILITY / MINOR

Vacation Bible School 2019: *'Kickin' It Old School'*

I, _____, hereby acknowledge that it is my desire that
Parent

my child, _____, participate in church-sponsored activities
Child's name
during 'Vacation Bible School', June 24th – June 28th, 2019.

I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION.

As lawful consideration for permitting my child to participate in VBS activities, I hereby release and discharge THE BRIDGE BIBLE FELLOWSHIP, it's officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I, my child, and the heirs, distributes, guardians, legal representatives or assigns of either of us now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my child's participation in such church-sponsored activities.

I hereby give my permission to the physician, nurse, or dentist selected by THE BRIDGE BIBLE FELLOWSHIP to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Date: _____ **Signature:** _____
(Parent ___ Legal Guardian ___)

Medical Insurance Company _____ **Policy #** _____

PHOTO RELEASE: I hereby grant permission to The Bridge Bible Fellowship to use my child's likeness in a photograph in any and all of its publications, including but not limited to all of TBBF's printed and digital publications. I understand and agree that any photograph using my child's likeness will become property of TBBF and will not be returned. Yes No

The Bridge Bible Fellowship

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NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with THE BRIDGE BIBLE FELLOWSHIP.

I understand that, if I am approved for volunteer service by THE BRIDGE BIBLE FELLOWSHIP, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of THE BRIDGE BIBLE FELLOWSHIP, such may be necessary.

I hereby release and discharge to the extent permitted by law, THE BRIDGE BIBLE FELLOWSHIP, its employees, any individual or agency obtaining information for THE BRIDGE BIBLE FELLOWSHIP, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of THE BRIDGE BIBLE FELLOWSHIP.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.safehiringsolutions.com/pdfs/FCRASummary.pdf>

AUTHORIZATION

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Driver's License Number

Driver's License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 10 Years) _____

Signature

Date