



VOLUNTEER

Registration Form

July 29—Aug 2 , 9-12:15pm

LAKWOOD UNITED METHODIST CHURCH

Volunteer's Name _____

T-shirt Size: CXS CS CM CL AS AM AL AXL

Volunteer Service Area Requested _____

I Would Like to Serve With My Child: Yes / No

Child's Name _____ Age/Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Emergency Contact Name and Number _____

Have you attended Safe Sanctuary Training at LUMC? Yes No

ALL VOLUNTEERS ARE REQUIRED TO COMPLETE SAFE SANCTUARY TRAINING & TURN IN CERTIFICATE PRIOR TO VBS.

TRAINING IS AVAILABLE ONLINE AT

www.txcumc.org/pages/detail/705

On-site training also available.

Dates to be announced.

All VBS questions may be directed to Mingo or Peggy@ 281-370-2273
or children@lakewoodumc.org



For Office Use Only:

Date Rec'd _____

Safe Sanct _____

Paid _____

Group _____