



# AWANA® Teen Volunteer Form

Return this form to the AWANA® ministry table or to the Youth Box.  
New Volunteer Training is August 21, 2011 at Mill Run 3:30-7:00 p.m.; Return Volunteer Training 5:00-7:00 p.m. Dinner Included.  
Make up Training August 28, 2011 from 6:30-8:30 at Mill Run.  
Club meetings are Wednesdays September 7, 2011-May 9, 2012 6:30-7:45 p.m. Please plan to be there from 6:10 -8:00 p.m.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Your Cell Phone Number: \_\_\_\_\_ Birthday: \_\_/\_\_/\_\_\_\_

Your E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent E-mail: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Do you have previous experience with AWANA®?  Yes, as an AWANA® volunteer  Yes, as a former AWANA® clubber  No

Why do you want to volunteer in our AWANA® program? \_\_\_\_\_  
\_\_\_\_\_

Where else have you volunteered? \_\_\_\_\_

Tell us about your faith: \_\_\_\_\_  
\_\_\_\_\_

Please Mark all the areas with which you would like to help. Put a #1 would by your first choice.:  Help with Council time (skits, songs, Bible lesson)  
 Assist with shepherd groups and activities in Handbook Rooms interacting with children Check preferred age group:  Preschool  K-2<sup>nd</sup>  3<sup>rd</sup>-6<sup>th</sup>  
 Game Assistant  Awana Store  Help with Check In  AWANA® Grand Prix (Feb. 12, 2012)

Please list your t-shirt size and color selection. We will provide you with an AWANA® T-shirt. Size (circle): S M L XL XXL XXXL

Are you available to help all scheduled Wednesdays from September 7, 2011 – May 9, 2012?  Yes  No

If please list the dates you are available to help: \_\_\_\_\_

*I understand that there is training on August 21 from 3:30-7:00 p.m.(5:00-7:00 p.m. for returning volunteers) and I am volunteering to help Wednesdays from 6:10-8:00 p.m. from September 7, 2011 to May 9, 2012 unless otherwise stated above. I understand that my help is important to the success of this AWANA® program. If I am not able to come on a given week, I will let my adult leader know as far in advance as possible.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

Please have your parents complete and sign on page 2 (reverse side.)



# AWANA® Teen Volunteer Form (page 2)

**PARENTS: Please complete the parts below:**

**I support my son/daughter's participation as a teen helper for AWANA® and understand that he/she is expected to be at AWANA® for training on Wednesday August 21 from 3:30-7:00 p.m. (5:00-7:00 p.m. if a returning volunteer) and on club nights Wednesdays from 6:10p.m. – 8:00 p.m. from September 7, 2011 – May 9, 2012 unless I and the student have communicated that we are unavailable certain dates. I will make sure my student contacts his/her AWANA® leader if he/she is unable to come when scheduled.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date Signed**

**Emergency Medical Authorization, Waiver & Photo Release**

I hereby release Upper Arlington Lutheran Church, its staff, volunteers, and sponsors from responsibility and liability for any illness or injury that my child \_\_\_\_\_ may sustain during any activity, and any and all claims and liabilities. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I expect to be contacted as soon as possible if an emergency occurs. I understand that my child may appear in photos and/or videos that are used for promotional or training purposes, including but not limited to brochures, UALC website, UALC Welcome Vision and in-church bulletin boards.

\_\_\_\_\_  
Name (Please Print) of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

Are there any health concerns/allergies/special needs of your teen of which we should be aware? \_\_\_\_\_

\_\_\_\_\_