



**ST. ALPHONSUS VBS 2018
TEEN VOLUNTEER FORM (UNDER 18)
PLEASE PRINT**

TEEN'S NAME: _____ **AGE:** _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

SCHOOL ATTENDED 2017/2018: _____

ALLERGIES / MEDICAL CONCERNS: _____

**VOLUNTEERS ARE NEEDED TO HELP IN THE FOLLOWING AREAS:
(PLEASE MARK YOUR CHOICES 1ST, 2ND ETC.)**

- _____ **Music**
- _____ **Recreation**
- _____ **Snacks**
- _____ **Crafts**
- _____ **Opening Assembly**
- _____ **Crew Leader Assistant**

**Please return this form to the St. Alphonsus Faith Formation Office
14040 Greenwell Springs Rd. Greenwell Springs, LA 70739 NO LATER THAN MAY 31st!**