



Holy Trinity Vacation Bible School

VOLUNTEER/LEADER REGISTRATION FORM



July 20-24, 2026

All adults and children entering 6th grade or older are encouraged to volunteer. There are lots of opportunities to get involved, have fun, celebrate God, and make a difference to a child.

Volunteer Name: _____
Adult _____ Student Grade (Fall 2026): _____
Telephone: _____
Email (please print clearly as this is our primary form of communication): _____
T-shirt Size: Adult S M L XL XXL XXXL Music CD (\$8) _____ I would like to order a CD _____ No CD Digital Down Load Code (\$10) _____ I would like a download code _____ No Download Code
Will you need childcare? Y / N <i>Childcare will be provided for adult volunteers who commit to all 5 days of VBS.</i> Names and Ages of Children: _____
Have you completed a Background Check & VIRTUS training? This is required for all volunteers over 18. ____ YES _____ NO, please contact John Mertes, Director of Faith Formation: johnm@holylrinitydm.org
Volunteer Positions Available: Please select any that are you are interested in. <i>(Daily time commitment 8:30a-NOON)</i> ____ crew leaders: adult (responsible for leading a group of kids through stations) ____ junior crew leaders (students in 6 th -12 th grades who assist the adult crew leader) ____ games (will be held outdoors weather permitting) ____ crafts (demonstrate project techniques and assist participants) ____ kitchen crew (preparing snacks for each day) ____ childcare (watch volunteers' children under age 4 in preschool room) ____ no preference. I will help wherever is needed.
Please return to the Parish Office or mail to Holy Trinity (2926 Beaver Ave. Des Moines, IA 50310). If you have questions please contact John Mertes, Director of Faith Formation: johnm@holylrinitydm.org , or via telephone at (515) 255-3162 extension 224

Photo Release: In order to celebrate and share our efforts at VBS with the rest of the Holy Trinity Parish, we may use photos of the week on our website, in our bulletin, or in some other fashion. Please indicate below whether you give permission for you child's photo to be used in such a way.

____ I consent to having photos of my child(ren) used in this manner.
____ I do not consent to having photos of my child(ren) used in this manner.

Parent/Guardian Signature: _____ Date: _____