

FRIENDSHIP UNITED METHODIST CHURCH



CHRISTIAN FINE ARTS CAMP 2008 VOLUNTEER FORM

We need you! Help make CFAC an unforgettable program for all the kids in our church and community by volunteering. All volunteers will receive a free CFAC T-Shirt and God's blessing for helping to make disciples of all our kids. Please return completed forms by August 1. Send to: **FUMC 3527 Gallows Road Falls Church, VA 22042.**

Additional forms are available on our website www.friendshipumc-va.org
We will communicate primarily by email.

PLEASE PRINT OR TYPE CLEARLY:

Name _____ T-Shirt Size _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

Email Address _____

Please Circle: ADULT VOLUNTEER YOUTH VOLUNTEER (Grade Completed as of June 2007) _____

Circle Dates Available to Assist:

Monday, August 4 – Friday, August 8 Other: (Please specify) _____

Circle Areas of Interest

Music Art Decorate Snack First Aid Missions Recreation

Circle Your Age Group Preference:

Preschoolers (Age 4 & 5) Elementary K & 1st 2nd & 3rd 4th & 5th

During CFAC week, photos and videos may be taken for use by FUMC in promotion of our Christian Fine Arts summer program and Children's Ministries. If one chooses not to have their photos or video used, please sign an FUMC Photo Opt Out form, which may be obtained from the FUMC church office. These forms will be retained on file. A complete disclosure of FUMC's photo/video policy is available on our website and FUMC church office.

In an emergency, Friendship United Methodist Church (FUMC) has my permission to call my child's physician (or another physician when my child's physician or I cannot be contacted). FUMC has my permission in an emergency, when I (or my physician) cannot be contacted, to take my child to the Fairfax Hospital Emergency Department, and its medical staff has my authorization to provide treatment, which a physician deems necessary for the well being of my child. By law a parent or legal guardian cannot consent in advance to any and all manner of emergency care. It is understood in most cases, other than the need for immediate emergency treatment, the attending physician may defer treatment pending the parent's or guardian's expressed permission to administer such treatment.

Parent's Signature _____

Today's Date _____