



## Volunteer Registration

### Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Gender: Female:  Male:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name (if under 18): \_\_\_\_\_

Parent Phone (if under 18): \_\_\_\_\_

Emergency Contact during event: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Background checks are required for ALL volunteers over the age of 18.

\* I have had a background check within the last 12-18 months: Yes:  No:

If no, please click this link to complete a background check: [LINK](#)

**If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer (this permission slip is attached).**

Former Special Needs Skills/Training (please check all that apply):

- Fluent in American Sign Language (ASL)
- Special Education Teacher
- Healthcare Professional (if so, please list field \_\_\_\_\_)
- Current Volunteer in All Saints Church Special Needs Ministry
- Other

If Other, please explain: \_\_\_\_\_

I Have Volunteered at Night to Shine Before: Yes:  No:

Volunteer Role Requested (we will consider your request but cannot guarantee a specific role):

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Additional Notes or Concerns: \_\_\_\_\_

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**Remit form to: Danielle Smith, All Saints Church, 9300 Stonewall Road, Manassas, VA 20110 or FAX to 703-257-9299 or email to [nighttoshine.allsaints@gmail.com](mailto:nighttoshine.allsaints@gmail.com)**



## Volunteer Permission Slip (for volunteers Ages 14-18)

I give my permission for \_\_\_\_\_ to participate as a volunteer at the  
***PARTICIPANT FULL NAME***  
2018 Night to Shine, sponsored by the Tim Tebow Foundation at \_\_\_\_\_  
***CHURCH***  
on Friday, February 9, 2018.

### **Volunteer Information**

Age/DOB: \_\_\_\_\_ Gender: Female:  Male:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent / Guardian Phone (Home):  
\_\_\_\_\_

Parent / Guardian Phone (Cell): \_\_\_\_\_

Desired Volunteer Role: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian)