

## Volunteer Registration

### Information

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

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

Special 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 Chyrch Special Needs Ministry
- Other

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

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

Turn Over →

Volunteer Role Requested (Please number your top three choices. We will consider your request but cannot guarantee a specific role):

- |                                                                                                                    |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Activities                                                                                | <input type="checkbox"/> Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse) |
| <input type="checkbox"/> Bathroom Attendant                                                                        | <input type="checkbox"/> Paparazzi                                                                                 |
| <input type="checkbox"/> Buddy                                                                                     | <input type="checkbox"/> Parking                                                                                   |
| <input type="checkbox"/> Buddy Check-In                                                                            | <input type="checkbox"/> Red Carpet                                                                                |
| <input type="checkbox"/> Coat Check                                                                                | <input type="checkbox"/> Respite Room                                                                              |
| <input type="checkbox"/> Floaters                                                                                  | <input type="checkbox"/> Safety                                                                                    |
| <input type="checkbox"/> Flowers                                                                                   | <input type="checkbox"/> Sensory Room                                                                              |
| <input type="checkbox"/> Food Prep                                                                                 | <input type="checkbox"/> Set-Up                                                                                    |
| <input type="checkbox"/> Food Service                                                                              | <input type="checkbox"/> Social Media Photographer                                                                 |
| <input type="checkbox"/> Gift Takeaway                                                                             | <input type="checkbox"/> Tear Down                                                                                 |
| <input type="checkbox"/> Guest Registration                                                                        | <input type="checkbox"/> Transportation                                                                            |
| <input type="checkbox"/> Hair, Makeup and Shoeshine (please let us know if you are a hairdresser or makeup artist) | <input type="checkbox"/> Virtual Celebration*                                                                      |
| <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement)    | <input type="checkbox"/> Volunteer Check-In                                                                        |
|                                                                                                                    | <input type="checkbox"/> Where I Am Needed Most                                                                    |

*\*Virtual Celebration volunteers will assist in providing an unforgettable experience to guests who may need or prefer to participate from home or are facing other barriers to attending in-person. Volunteers will work with church staff to prepare and deliver a crown or tiara to each guest along with decorations, prom favors and more. Volunteers may be asked to drive to and from guest homes, the hospital or group homes and will be required to complete a background check, sign a release and provide proof of a valid driver's license and car insurance.*

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

\_\_\_\_\_  
\_\_\_\_\_

**Remit form to: Janet Allen**  
**2398 Dowler Rd**  
**Moundsville, WV 26041**  
**304-650-4126**  
**Ohiovalleynighttoshine@gmail.com**

F 2020 2021

# Night to Shine Participant (Guests, Volunteers & Vendors)

## Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Bowman Ridge UMC, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and CHURCH Bowman Ridge UMC, a STATE nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and Bowman UMC, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and Bowman Ridge UMC, and to any benefits inuring to TTF and Bowman Ridge UMC as a result of its use of any of the foregoing recordings. Among other things, TTF and Bowman Ridge UMC may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and Bowman Ridge UMC, for the advancement of TTF and Bowman Ridge UMC's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and Bowman Ridge UMC and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and Bowman UMC, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name.

AGREED TO AND ACCEPTED:

### Participant Information

Name of Participant: \_\_\_\_\_

Signature of Participant (if over age 18:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Caretaker/Legal Guardian (if participant is under age 18):

\_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

# NIGHT *to Shine*

SPONSORED BY THE **TIM TEBOW**  
**FOUNDATION™**

## Consent to Background Check

I, \_\_\_\_\_ hereby authorize the Secure Search Faith and its agents to investigate my background, character, and criminal history record information that may be in any local, state, or federal system. Including those maintained by both private and public organizations for the purpose of confirming the information contained on my application and or obtaining other information, which may be material to my qualifications to volunteer for this event.

I hereby agree to release the Tim Tebow Foundation, Bowman UMC, the Secure Search Faith and all their agents from any and all causes of action that might arise from supplying my information for this background check or from said agency obtaining my information. I understand that any false information, misrepresentations, or omissions made by me on this form may result in the delay or rejection of my application.

\_\_\_\_\_  
Sign/ Date

(Please Print Legibly)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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

Have you ever been charged or convicted of a felony crime? Yes / No

If yes, please explain.

Have you ever been charged with a violent crime including but not limited to battery, assault, domestic violence, child/elderly abuse or any sexual crime? Yes / No

If yes, please explain.