Ohio Valley Night To Shine

Host Church: Limestone Presbyterian Church C/O Janet Allen
2398 Dowler Rd Moundsville, WV 26041
Email: Ohiovalleynighttoshine@yahoo.com
Website: Ohiovalleynighttoshine.org

Welcome to Ohio Valley Night to Shine,

Attached you will find a couple of forms. To be registered as a volunteer for Night to Shine, the following forms need to be completed and returned:

- Volunteer Registration Form ** **REQUIRE** ** **2 Pages**
- Media & Liability Form-Participant ****REQUIRED**** **1 Page**
- **Please include your phone number and email on the forms, and make sure you write legible.**

Forms can be emailed to address below or completed forms with signatures sent to:

Janet Allen
OVNTS
2398 Dowler Rd
Moundsville, WV 26041

Ohio Valley Night to Shine will be held:
Friday, February 13, 2026
6-9 pm at the Moundsville Training Center, Moundsville, WV

For more information or to refer a guest contact:
Janet Allen 304-650-4126, Lori Mason 304-238-3325 or Brenda Francis 304-639-3547

Email: ohiovalleynighttoshine@yahoo.com

Online Registration: www.ohiovalleynighttoshine.org

Facebook: Ohio Valley Night to Shine (We will post all updates on here as well)

You will be required to attend one, one hour training to volunteer. Training will be held at the First Christian Church, 1200 Third Street Moundsville.
Sunday January 4th @ 2pm
Sunday January 11th @ 2pm
Tuesday January 13th @ 6pm
Sunday January 18th @ 2pm
Tuesday January 20th @ 6pm

***If you are planning on eating, Volunteers are to arrive on Feb 13th, between 4:15-4:30. If you do not plan on eating, please be checked in no later than 5:15.** You will only need to attend **ONE training date**. Please find a date that fits your schedule. If you can't attend a training, then you're unable to volunteer per the Tim Tebow Foundation.

Volunteer Registration

Information

First Name: _____ Last Name: _____

Age: _____ 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: _____

A current background check is 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 have one, please provide us with a copy of your current background check as soon as possible. If not, we will send you a link to fill out.

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 {CHURCH's} Special Needs Ministry
____Other

If Other, please explain: _____

If volunteering with an organization/school or group home, please list with who

_____

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

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

- ☐ Activities
- ☐ Bathroom Attendant (One hour)
- ☐ Buddy
- ☐ Floater
- ☐ Flowers
- ☐ Food Service
- ☐ Makeup
- ☐ Parking
- ☐ Red Carpet
- ☐ Sensory Room
- ☐ Set-Up
- ☐ Tear Down
- ☐ Transportation
- ☐ Volunteer Check-In
- ☐ Where I Am Needed Most

Additional Notes or Concerns: _____

_____

_____

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

Night to Shine™
TIM TEBOW FOUNDATION

Consent to background check

I,_____herby 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 Ti Tebow Foundation, Limestone Presbyterian Church, 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 Legible)

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Date of Birth	Social Security 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.

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 Limestone Presbyterian Church, 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 (Limestone Presbyterian Church), 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 CHURCH, 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 CHURCH, and to any benefits inuring to TTF and CHURCH as a result of its use of any of the foregoing recordings. Among other things, TTF and CHURCH 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 CHURCH, for the advancement of TTF and CHURCH's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CHURCH and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and CHURCH, 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: _____