



2020 Volunteer Registration

Information:

First Name: _____ Last Name: _____

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parent's Name (if under 18): _____

Parent's 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, we will need to run a background check prior to your volunteering at Night to Shine. By submitting this form you agree to have Delta Lake run a background check on you.

If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer. (See the attached copy of the volunteer permission slip for volunteers ages 14-18.)

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 Special Needs Ministry
- Other

If Other, please explain: _____

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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):

- | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement) |
| <input type="checkbox"/> Bathroom Attendant | <input type="checkbox"/> Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse) |
| <input type="checkbox"/> Buddy | <input type="checkbox"/> Paparazzi |
| <input type="checkbox"/> Buddy Check-In | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Coat Check | <input type="checkbox"/> Red Carpet |
| <input type="checkbox"/> Dance Floor | <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"/> Volunteer Check-In |

Additional Notes or Concerns: _____

WE REQUEST THAT NIGHT TO SHINE VOLUNTEERS BE AVAILABLE TO SERVE FROM 5:15pm-9pm ON THE DAY OF THE EVENT. IT IS CRUCIAL FOR US TO HAVE THE TEAM ASSEMBLED AND READY TO SERVE!

Remit form to:

***Steve Clark
Delta Lake Bible Conference Center
6420 Pillmore Drive
Rome, NY 13440
phone (315) 336-7210
fax (315)338-0909***