



## 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: \_\_\_\_\_

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 my church's Special Needs Ministry (Church name \_\_\_\_\_)
- Other

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

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"/> 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"/> Red Carpet  |
| <input type="checkbox"/> Buddy Check-In   | <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<br>(please let us know if you are a hairdresser or makeup artist) | <input type="checkbox"/> Volunteer Check-In  |
| <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement)       | <input type="checkbox"/> Where I Am Needed Most  |

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

\_\_\_\_\_

**Remit form to: Jennifer Jordan at [jennifer@fumcdemopolis.com](mailto:jennifer@fumcdemopolis.com) OR  
200 East Decatur Street, Demopolis, AL 36732**