



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: <https://bib.com/secure-volunteer/night-to-shine-fbc-goldsboro/>

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 {_____} Special Needs Ministry
- ☐ 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"/> 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:

**Remit form to:
Night to Shine Committee
First Baptist Church
125 South John Street
Goldsboro, NC 27530
919-735-2516**