



Volunteer Registration – Return by January 27, 2024

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: _____

Background checks are required for ALL volunteers over the age of 18.

* I have had a background check within the last 5 years: Yes: No:

If no, we can still use in other areas: food prep, registration, set-up etc.

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

Please see attached.

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 at St. Bonaventure (list ministry _____)
- Other

If Other, please explain: _____

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

Volunteer Role Requested (we will consider your request but cannot guarantee a specific role): Hours will vary on specific role:

Ages 15 to 18:

Set Up__ (February 7th and/or 8th from 10am-1pm)

Direct Guest to locations____

Ages 18 and Up:

Set Up__ (February 7th and/or 8th from 10am-1pm)

Guest Check In__

Shoe Shine__

Hair & Makeup__

Corsages & Boutonnieres__

Photographers (Must have own professional camera) ____

Videographers (Must have on equipment) _____

Parent Social Room_____

Limo Departure from School & Arrival at P.C.____

Medical Personnel (Must be licensed) _____

Security (Current or Retired Police Officers) _____

Photo Booth____

Sensory Room_____

Additional Notes or Concerns: _____

Remit forms to:

Lisa Hofstetter

Email: lisah@stbonaventurechurch.com

Please include for each volunteer:

1. Volunteer Application

2. Signed Media Release Form

3. Permission Slip for Volunteers Ages 15 - 18

Night to Shine Volunteer Media & Liability Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by 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 ("CHURCH"), a STATE nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, the actions, physical likeness, biographical information, and/or voice of me and/or any person of whom I am the parent or legal guardian, including minor children (collectively referred to as the "Participants"). 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 the Participants and their heirs, successors, and assigns. I, on behalf of all Participants, 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 recording or use of the 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 and for each Participant.

AGREED TO AND ACCEPTED:

Name of Participant: _____ Date: _____

Signature of Participant (if over age 18): _____

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

Address: _____ Telephone: _____

City/State/Zip: _____ Email: _____

COMMUNICATIONS:

I acknowledge TTF staff members and/or volunteers may contact the Participant to discuss their experience at the event, encourage, pray for, or receive general updates. I hereby give my full consent to TTF to contact the Participant after the event directly through the following means:

_____ Telephone

_____ Text Messages

_____ Email

_____ Please maintain contact through the parent/guardian only

_____ I do not give permission for TTF staff to contact the Participant

Signature of Parent/Caretaker Date



Volunteer Permission Slip (Ages 15-18)

I give my permission for _____ to participate as a volunteer at the
PARTICIPANT FULL NAME
2024 Night to Shine, sponsored by the Tim Tebow Foundation at St. Bonaventure
Catholic Church on Friday, February 9, 2024.

Volunteer Information

Age: _____

Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home):

Parent / Guardian Phone (Cell): _____

Desired Volunteer Role: _____

Signed _____ Date _____

(Parent / Guardian)