



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: [LINK](#)

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

Please click [HERE](#) for a copy of the volunteer permission slip for volunteers ages 14-18.

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 Linton First Christian Church Special Needs 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):

Additional Notes or Concerns: _____

***Remit form to: Carol Phelps, 9878 W State Road 54, Linton, IN 47441,
Fax 812-847-1861***