



Volunteer Registration

Information

Emergency Contact During Event: _____

Emergency Contact Phone: _____

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 _____)
- Other: _____

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/Dance Floor | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Bathroom Attendant | <input type="checkbox"/> Red Carpet |
| <input type="checkbox"/> Buddy | <input type="checkbox"/> Respite Room |
| <input type="checkbox"/> Buddy Check-In | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Coat Check In | <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement) |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Sensory Room |
| <input type="checkbox"/> Food Prep & Service | <input type="checkbox"/> Set-Up |
| <input type="checkbox"/> Goody Bag Distribution | <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 |
| <input type="checkbox"/> Paparazzi/Picture | <input type="checkbox"/> Nothing specific preferred |

Remit form to: Christi McAmis, Cedar Grove Baptist Church at Christi.McAmis@yahoo.com

2019 NIGHT TO SHINE VOLUNTEER APPLICATION FORM

Cedar Grove Baptist Church
405 Old Johnston Valley Rd. Kingston, TN 37763

First Name: _____ Middle Name: _____ Last Name: _____

Any previous names: _____

Permanent Address: _____

Telephone: _____ E-mail Address: _____

Female: Male: Date of Birth (required for background check): _____

SSN (required for background Check): _____

Color of Eyes: _____ Color of Hair: _____ Height: _____ Weight: _____

PHOTO Release: I hereby authorize Cedar Grove Baptist Church to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Cedar Grove Baptist Church (I understand identifiable from such photographic or electronic reproduction).

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

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

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

BACKGROUND: The following information is asked of all individuals who volunteer to work with our children to help insure the safety of our students. Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes__ No__ Have you ever been convicted of a crime (other than a minor traffic offense)? Yes__ No__ Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes__ No__ Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with Form IJOC - 2 2 any crime (other than a minor traffic offense)? Yes__ No__ If you answered YES to any of the previous questions, provide full details below, including with respect to court actions, the date, offense in question, and the address of the court involved (attach additional page(s) if necessary). _____

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this registration shall constitute sufficient reason to deny approval to serve as a volunteer. I understand that the Cedar Grove Baptist Church performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by the church in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Cedar Grove Baptist Church, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement.

_____ Date: _____ Applicant Signature

OFFICE USE ONLY ____ Application reviewed for completeness ____ References checked (attach documentation) ____

Criminal record checked (attach documentation) Application approved: _____ Application denied: _____

Administrator or Authorized Official _____ Date: _____