

VOLUNTEER REGISTRATION FORM

Information

First Name:	Last Name:		
Age/DOB:	Gender: Female Male		
Email:	Phone:		
Parent Name (if under 18):			
Parent Phone (if under 18):			
Emergency Contact During Event:			
Emergency Contact Phone:			
Background checks are required for AL	L volunteers over the age of 18.		
I have had a background check within the	last 12-18 months: Yes No		
If yes, please check the box to verify you info@riversidechurchtx.com.	will send your background check to		
nighttoshinevictoria.com/backgroundc	will complete the background check on our website at heck for \$12. You can also find it on the Volunteer Registration to the Tim Tebow Foundation in order to volunteer.		

nighttoshinevictoria.com/backgrou	am under the age of 18. You will complete the background che ndcheck or go to nightoshinevictoria.c	om, click Volunteer
Special Skills/Training (please checomology) Fluent in American Sign Language (Amount of Special Education Teacher Healthcare Professional (if so, please of Current Volunteer in Riverside Churcomology) Other	ASL) Iist field)
If Other, please explain:		
most teams need to show up at 5 pm ask that every volunteer stays to help stays to have volunteered at Night to Shine b		sooner. We please
Activity Team (FULL)	☐ Gift Team	☐ Ushers
Buddy (we only need 60) health workers)	☐ Guest Check-In Team	Medical Team (professional
☐ Car Decorating Team☐ Paparazzi Team*Assisting Team Leader with Paparazzi	 ☐ Karaoke Team ☐ Paparazzi *No background check needed, Guest walking down red carpet 	☐ Parking Lot Team
Crowning Team	☐ Red Carpet Team	
☐ Dance Team	☐ Volunteer Check-In Team	
☐ Decor Setup Team (no background o	heck) Prom Attire Fitting (Prior to e	event)
☐ Flowers (FULL)	☐ Where I am needed most	

Additional Notes or Concerns:					

Mail or Drop Off Physical Copy to: Pastor Dawn Rivera, Riverside Church, 108 Cozzi Circle Suite H, 361.433.5421