

Night to

Shine™
TIM TEBOW FOUNDATION

Night to Shine

St. Edward Volunteer Registration Form

***Volunteers under the age of 18 must also submit the Volunteer Permission Form signed by a parent/guardian in order to volunteer.**

First Name: _____ Last Name: _____

DOB: _____ Gender: Female: _____ Male: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Please complete if volunteer is under 18

Parent Name: _____

Parent Phone: _____

Emergency Contact during event : _____

Emergency Contact Phone : _____

All volunteers over the age of 18 must be fingerprinted and complete an online Safe Environment training from the Diocese of Orange. Background checks from other agencies or other dioceses cannot be accepted. Background checks from other agencies cannot be accepted:

I have been fingerprinted and background checked by the Diocese of Orange: _____

My online Safe Environment Training is current: _____

I have not been fingerprinted _____

***For any inquiries regarding fingerprinting and safe environment training, please contact Matthew Dam at mdam@stedward.com**

Volunteer Information continued

Special 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, 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):

Activities

Bathroom Attendant

Buddy (must be 16 or older)

Buddy Check-In

Coat Check

Floater

Flowers (distribute wrist corsages and pin on boutonnieres)

Food Prep

Food Service

Gift Takeaway

Guest Registration

Hair, Makeup and Shoeshine (please let us know if you are a hairdresser or makeup artist)

Security (please let us know if you are an authorized member of local law enforcement)

Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse)

Paparazzi/Red Carpet

Parking

Respite

Sensory Room

Set-Up/Decorations

Social Media Photographer

Tear Down

Transportation

Volunteer Check-In

Where I Am Needed Most

All Volunteers must attend one of the two mandatory training sessions at the parish center prior to the event. Please let us know which session you will attend:

Sunday, February 2, 2025 1p.m.-3p.m.: _____

Monday, February 3, 2025 6:30p.m.-8:30p.m.: _____

Additional Notes or Concerns:

Please remit form to: stedsnts@gmail.com



Parent Permission Form for Volunteers Under Age 18
(Minor volunteers must also fill out and submit the Volunteer Registration Form)

I give my permission for _____ to participate as a volunteer at the 2025 Night to Shine, sponsored by the Tim Tebow Foundation at St. Edward Parish on Friday, February 7, 2025, **and** to attend a special needs training seminar on either: Sunday, February 2 from 1-3pm _____ **or** Monday, February 3 from 6:30-8:30pm _____

Volunteer Information

DOB: _____ Gender: Female: ___ Male: ___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Parent Email: _____

Parent / Guardian Phone (Home): _____

Parent / Guardian Phone (Cell): _____

Desired Volunteer Role: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

Remit form to: stedsnts@gmail.com