

**Volunteer Registration**

**Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: 

  **I give CrossPoint Church permission to send background check information to my email address and/or cell phone listed above.**

o **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.

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 or Special Needs Classroom

 Other

If 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
* Buddy Check-In
* Coat Check
* Floaters
* Flowers
* Food Prep and Service
* Food Donation
* Gift Takeaway at Departure
* 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
* Parking
* Red Carpet
* Respite Room for Parents / Caregivers
* Registration
* Safety/ Behavioral assistance
* Sensory Room – Chill Room
* Set-Up during the day of 2/10
* Tear Down
* Volunteer Check-In
* Where I Am Needed Most

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Additional Notes or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Remit form to: Mandi Logan***

***via email*** ***mandilogan123@gmail.com***

***Bring to Church office***

***CrossPoint Church***

***8000 Liles Lane***

***Trussville, AL 35173***

***\*Attention – Sharon Tapscott***