



## 2019 Volunteer Registration

### Information (Please PRINT)

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

\_\_\_\_\_

Age/DOB: \_\_\_\_\_

Gender: Female:  Male:

Address: \_\_\_\_\_

\_\_\_\_\_

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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, an additional permission slip signed by your parent/guardian is required to volunteer. Please request Youth Volunteer Permission form if 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 a Special Needs Program
- Other

If Other, please explain:

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I Have Volunteered at Night to Shine Before: Yes:  No:

Volunteer Role Requested (we will consider your request but cannot guarantee a specific role):

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Additional Notes or Concerns:

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***Remit form to: (Carrie Jones at [carriejones1@independenceplaceofalabama.org](mailto:carriejones1@independenceplaceofalabama.org))***