



Volunteer Registration
2024

First Name: _____ Last Name: _____

DOB: _____ Gender: Female: ____ Male: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Emergency Contact During Event: _____

Emergency Contact Phone: _____

Special Skills/Training (please check all that apply):

____ Fluent in American Sign Language (ASL)

____ Special Education Teacher

____ Healthcare Professional (if so, please list field _____)

Other, please explain:

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

Continued



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
- Food Prep
- Food Service
- Guest Registration
- Hair, Makeup and Shoeshine
(please let us know if you are a hairdresser or makeup artist)
- Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse)
- Paparazzi
- Parking
- Red Carpet
- Respite Room
- Safety
- Sensory Room
- Set-Up
- Social Media Photographer
- Tear Down
- Transportation
- Volunteer Check-In
- Where I Am Needed Most

Additional Notes or Concerns: _____

**Return to: Norwalk 1st United Methodist Church
Attn: DeAnn McKillips
60 W. Main Street
Norwalk, OH 44857**

or email to *night2shine44857@gmail.com*