V

Volunteer Registration

February 12, 2027

Please mail your complete registration form back to the church by Dec. 28th, 2026

Norwalk First United Methodist Church

60 West Main Street, Norwalk, OH 44857

First Name: _____ Last Name: _____

Age_____ **(you must be 18 or over) Date of Birth**_____ Gender: Female:☐ Male:☐

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Emergency Contact During Event: _____

Emergency Contact Phone: _____

Background checks are required for ALL volunteers.

*** I have had a background check within the last 12-18 months: Yes:☐ No:☐**

Conducted by whom? _____

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 _____ Special Needs Ministry

☐ Other

If "Other," please explain: _____

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

IF YOU ARE CONSIDERING BEING A BUDDY- please fill out the information below.

(If you are requesting a guest, please leave their name and indicate whether the guest knows you selected them.)

Guest name:_____ Does the guest know you selected them?_____

We want the evening to be exactly how our guests hope it will be. As a Buddy, please indicate where you feel most comfortable assisting . This will help us pair you with the perfect Honored Guest.

Assistance Preferences (please check all that apply): I am comfortable.....

☐ Dancing ☐ Socializing with friends ☐ Watching the festivities

For other Volunteer positions, please list any requests below. (We will consider your request but cannot guarantee a specific volunteer role.) Feel free to contact the church for more information about our many volunteer roles.
