

Hosted by

Gateway Christian Center

4966 Falmouth Road

Cotuit MA 02635

**Adult Volunteer Application**

February 8, 2019

**First Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_**Zip:** \_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age: \_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male: \_\_Female: \_\_**

Have you volunteered for Night To Shine before: **Yes: \_\_\_ No: \_\_\_**

Areas where you would be willing to serve:

**Pre event teams**: Vendor Team\_\_\_\_ Media Team\_\_\_\_ Decorating Team\_\_\_\_ Set up Team\_\_\_\_

**Event Teams**: Buddy Team\_\_\_\_ Food Team\_\_\_\_ Hair Team\_\_\_\_ Hall Monitor Team\_\_\_\_

Hat/Coat Check Team\_\_\_\_ Makeup Team\_\_\_\_ Paparazzi Team\_\_\_\_ Parking Attendant Team\_\_\_\_

Respite Room Team\_\_\_\_ Shoe Shine Team\_\_\_\_ Video/Photo Team\_\_\_\_\_\_

**Post Event Teams**: Cleaning Team\_\_\_\_ Breakdown Team\_\_\_\_

Please indicate your preferred team by a number 1. Teams will fill up fast, so continue with the numbers for alternate choices. Pre and post activity teams can serve on multiple teams.

**Background checks are required for ALL volunteers over the age of 18.**

**\***I have had a background check within the last 18 months: Yes: \_\_\_ No: \_\_\_

If yes please include a letter or email from the agency or employer stating when it was completed.

**Former Special Needs Skills/Training**

Fluent in American Sign Language (ASL) Yes: \_\_\_

Special Education Teacher Yes: \_\_\_

Healthcare Professional Yes: \_\_\_ What Field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently a volunteer in your church’s Special Needs Ministry Yes: \_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete this form and either email it to: Gatewaynts@yahoo.com or snail mail it to Night To Shine Gateway Christian Center, 3A Golf Links Circle, Sandwich, MA 02563

Night to Shine Volunteer Media & Liability Rights Release

By signing below, and/or by or in consideration for participating in an event hosted by, sponsored by, or associated with the Tim Tebow Foundation and Gateway Christian Center, I hereby give my full consent to Tim Tebow Foundation, Inc., (“TTF”) a Georgia nonprofit corporation headquartered in Florida and Gateway Christian Center (“GCC”), a MA nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, the actions, physical likeness, biographical information, and/or voice of me and/or any person of whom I am the parent or legal guardian, including minor children (collectively referred to as the “Participants”). Additionally, I hereby grant to TTF and GCC, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and GCC, and to any benefits inuring to TTF and GCC as a result of its use of any of the foregoing recordings. Among other things, TTF and GCC may, but is not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and GCC, for the advancement of TTF and GCC’s exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and GCC and bind the Participants and their heirs, successors, and assigns. I, on behalf of all Participants, hereby release and discharge and agree to hold harmless TTF and GCC, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy and publicity, arising from or associated with the recording or use of the recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name and for each Participant.

AGGREED TO AND ACCEPTED:

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer (if over age 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Caretaker (if Volunteer is under age 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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