

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 rev 9/21/18

Night to Shine Participant Media Rights Release

By signing below, and for the good and valuable consideration for participating in an event hosted by Gateway Christian Center, and sponsored in part by, or associated with the Tim Tebow Foundation, 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, my actions, physical likeness, biographical information, and/or voice. 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 are 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 me and my heirs, successors, and assigns. its I, hereby release and discharge and agree to hold harmless TTF and GCC, 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 recordings 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.

AGGREED TO AND ACCEPTED:

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**Communications Release**

I acknowledge TTF staff members and/or volunteers may contact the Participant to discuss their experience at the event, encourage, pray for, or receive general updates. I hereby give my full consent to TTF to contact the Participant after the event directly through the following means:

\_\_\_\_\_\_\_\_ Telephone

\_\_\_\_\_\_\_\_ Text Messages

\_\_\_\_\_\_\_\_ Email

\_\_\_\_\_\_\_\_ Please maintain contact through the parent/guardian only

\_\_\_\_\_\_\_\_ I do not give permission for TTF staff to contact the Participant

Signature of Parent/Caretaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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