



Volunteer Registration Form

Event Date: February 7, 2025

Event Time: 6:00-9:00 PM

Submit Registration Form To:

Erica Martin

Night to Shine Volunteer Coordinator

emartin.lmsw@gmail.com

% Guntersville First Methodist Church

539 Gunter Ave. Guntersville, AL 35976

Phone: 256-384-4736 / Fax: 256-505-0756

*****ALL VOLUNTEERS MUST BE OVER THE AGE OF 14. ANYONE UNDER THE AGE OF 14 IS ALLOWED TO ATTEND RED CARPET BUT CANNOT ENTER THE BUILDING*****

First Name: _____ Last: _____

DOB: _____ Gender: Female _____ Male: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parent Name (If under 18): _____ Phone: _____

Emergency Contact During Event: _____ Phone: _____

Have you volunteered at Night to Shine before? Yes: _____ No: _____

Preferred Volunteer Assignment: Please indicate all volunteer areas you would be willing to serve in. The Night to Shine planning committee cannot make any guarantee for specific assignments but will do their best to fulfill the preferences indicated below.

- _____ Buddy for Special Needs King or Queen
- _____ Decorating - Week of Event during Daytime Hours
- _____ Serve Inside Where Needed
- _____ Red Carpet - Will Only be Allowed OUTSIDE the Building
- _____ Clean-Up After Event

PLEASE SEE THE BACK OF THIS PAGE TO COMPLETE THIS FORM!!!

PLEASE NOTE: Background checks are **REQUIRED** through Guntersville First Methodist Church for **ALL** volunteers over the age of 18 who will be serving inside the building on the night of the event. Please go to Guntersville First Methodist Church website (gvillefmc.net) to access the background check form. You must complete both forms and submit to emartin.lmsw@gmail.com or mail to/drop off at the church office (see address listed above).

If you are under the age of 19, this form **MUST BE SIGNED** by your parent/guardian in order for you to volunteer.

Parent/Guardian Signature (If Under 19):

**PLEASE NOTE, ALL VOLUNTEERS MUST ATTEND A REQUIRED MEETING ON
JANUARY 12TH AT 12PM AT GUNTERSVILLE FIRST METHODIST CHURCH.**

****ALL FORMS MUST BE TURNED IN NO LATER THAN
JANUARY 5TH, 2025****

Night to Shine Participant (Guests, Volunteers & Vendors)

Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Guntersville First Methodist Church, 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 Guntersville First Methodist Church ("GFMC"), a Alabama 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 GFMC, 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 GFMC, and to any benefits inuring to TTF and GFMC as a result of its use of any of the foregoing recordings. Among other things, TTF and GFMC 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 GFMC, for the advancement of TTF and GFMC's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and GFMC and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and GFMC, 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 or publicity, arising from or associated with the recordings or use of 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.

AGREED TO AND ACCEPTED:

Participant Information

Name of Participant: _____

Signature of Participant (if over age 18):

_____ Date: _____

Signature of Parent/Caretaker/Legal Guardian (if participant is under age 18):

_____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

For office use only

Ministry _____
 Minister _____
 Requesting _____
 Potential Bus Driver ☐

First Name

Middle Name:

Last Name:

Former Names
and Dates Used:

Social Security
 Number: - -

Date of Birth:
 (MM/DD/YYYY)

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

Current Address:
 (Street, city, state,
 zip code)

Previous Address:
 (Street, city, state,
 zip code)

Previous Address:
 (Street, city, state,
 zip code)

Email Address: Telephone
 Number:

Driver's License
 Number: State:

Additional Information:

Continue on reverse

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU

Guntersville First Methodist Church ("the Company") may obtain "consumer reports" about you from a consumer reporting agency for employment purposes. A "consumer report" is a background screening report that may contain information regarding your criminal history, sex offender registry status, employment history, education history, driving history, ordinance violations, restraining order history, drug test results, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

I hereby authorize Guntersville First Methodist to obtain "**consumer reports**" and "**investigative consumer reports**" about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

Signature of Applicant

Date

Print Name of Applicant