



Volunteer Registration

(Please attach copy of Photo ID)

Information

First Name: _____ Last Name: _____

Age: _____ DOB: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Emergency Contact during event: _____

Emergency Contact Phone: _____

Parent Name (if under 18): _____

Parent Phone (if under 18): _____

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

Have you ever been found guilty of a felony or misdemeanor? Yes No

Have you ever been convicted of a criminal sexual conduct? Yes No

I authorize Compassionate Heart Ministries to run a criminal history check. Yes No

If you are under the age of 18, the permission slip signed by your parent/guardian is required to volunteer.

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 at Compassionate Heart Ministries
- Other

If Other, please explain: _____

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

Volunteer Role Requested (we will consider your request but cannot guarantee a specific role):

Buddy (16 yrs. or older, if younger
interview is required)
Paparazzi Team
Hair & Make-Up Team

Sensory Room
Respite Room
Parking Team

Additional Notes, Food Allergies, Concerns: _____

***Remit form to:
Caitlyn Kroll
Compassionate Heart Ministries
404 Centerstone Court
Zeeland, MI 49464
caitlyn@compheart.org***

Night to Shine Participant Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Haven CRC & Compassionate Heart Ministries (CHM), 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 Haven CRC & CHM ("Haven CRC & CHM"), a STATE 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 Haven CRC & CHM, 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 Haven CRC & CHM, and to any benefits inuring to TTF and Haven CRC & CHM as a result of its use of any of the foregoing recordings. Among other things, TTF and Haven CRC & CHM 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 Haven CRC & CHM, for the advancement of TTF and Haven CRC & CHM's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and Haven CRC & CHM and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and Haven CRC & CHM, 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: _____

Date: _____

Signature of Participant (if over age 18):

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

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____