



Volunteer Registration

First Name: _____ Last Name: _____

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parent Name (ages 14-18): _____ Parent Phone (ages 14-18): _____

Emergency Contact during event: _____ Phone: _____

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

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

If no, please complete and submit the background permission form.

If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer. You must be at least 14 years old to volunteer.

Please complete and submit the volunteer permission slip for volunteers ages 14 - 18.

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 {CHURCH's} Special Needs Ministry
- 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):

Additional Notes or Concerns: _____

**Remit form to: Donna Drake, Lakeside Baptist Church 1291 Old Kaufman Road, Canton, TX 75103,
ddrake@lakesidecanton.com, 903-363-3061**