



## Volunteer Registration First Baptist Church Goldsboro

### Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Female:  Male:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name (if under 18): \_\_\_\_\_

Parent Phone (if under 18): \_\_\_\_\_

Emergency Contact During Event: \_\_\_\_\_

Emergency Contact 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 click this link to complete a background check: [<https://bib.com/secure-volunteer/night-to-shine-fbc-goldsboro/> OR <https://bib.com/secure-volunteer/night-to-shine-fbc-goldsboro-selfpay/>] **If you are under the age of 18. A permission slip signed by your parent/guardian is required to volunteer.**

Please click [HERE](#) for a copy of the volunteer permission slip for volunteers ages 14-18.

Special 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 {\_\_\_\_\_} Special Needs Ministry
- Other \_\_\_\_\_ Church Name \_\_\_\_\_

If Other, please explain: \_\_\_\_\_

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

Volunteer Role Requested (Please number your top three choices. We will consider your request but cannot guarantee a specific role):

- |   |  |
|---|--|
| <input type="checkbox"/> Activities   | <input type="checkbox"/> Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse) |
| <input type="checkbox"/> Bathroom Attendant   | <input type="checkbox"/> Paparazzi   |
| <input type="checkbox"/> Buddy  | <input type="checkbox"/> Parking   |
| <input type="checkbox"/> Buddy Check-In   | <input type="checkbox"/> Red Carpet  |
| <input type="checkbox"/> Floaters   | <input type="checkbox"/> Respite Room  |
| <input type="checkbox"/> Flowers  | <input type="checkbox"/> Safety  |
| <input type="checkbox"/> Food Prep  | <input type="checkbox"/> Sensory Room  |
| <input type="checkbox"/> Food Service   | <input type="checkbox"/> Set-Up  |
| <input type="checkbox"/> Gift Takeaway  | <input type="checkbox"/> Social Media Photographer   |
| <input type="checkbox"/> Guest Registration   | <input type="checkbox"/> Tear Down   |
| <input type="checkbox"/> Hair, Makeup and Shoeshine<br>(please let us know if you are a hairdresser or makeup artist) | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement)       | <input type="checkbox"/> Virtual Celebration*  |
|   | <input type="checkbox"/> Volunteer Check-In  |
|   | <input type="checkbox"/> Where I Am Needed Most  |

*\*Virtual Celebration volunteers will assist in providing an unforgettable experience to guests who may need or prefer to participate from home or are facing other barriers to attending in-person. Volunteers will work with church staff to prepare and deliver a crown or tiara to each guest along with decorations, prom favors and more. Volunteers may be asked to drive to and from guest homes, the hospital or group homes and will be required to complete a background check, sign a release and provide proof of a valid driver's license and car insurance.*

Additional Notes or Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remit form to: (Donna Countryman: [nts2023prom@gmail.com](mailto:nts2023prom@gmail.com))  
First Baptist Church Goldsboro  
125 S. John Street, Goldsboro NC 27530  
919-735-2516**