Volunteer Registration

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:_____

A current background check is required for ALL volunteers over the age of 18.

I have had a background check within the last 12-18 months: Yes: ____ No: ____
Please provide Odyssey Church *with a copy of your current background check as soon as possible.*

Please fill out Media Rights Release Form

If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer. Please fill out permission slip and return as soon as possible.

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 Odyssey Church }Special Needs Ministry
____Other

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):

- ☐ Activities
- ☐ Crown Distribution
- ☐ Buddy
- ☐ Buddy Check-In
- ☐ Coat Check
- ☐ Floaters
- ☐ Flowers
- ☐ Shoe Shine
- ☐ Food Service
- ☐ Gift Takeaway
- ☐ Guest Registration
- ☐ Hair, Makeup (please let us know if you are a hairdresser or makeup artist)
- ☐ Security (please let us know if you are an authorized member of local law enforcement)
- ☐ Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse)
- ☐ Paparazzi
- ☐ Parking
- ☐ Red Carpet
- ☐ Respite Room
- ☐ Safety
- ☐ Sensory Room
- ☐ Set-Up
- ☐ Social Media Photographer
- ☐ Tear Down
- ☐ Limousine Attendant
- ☐ Volunteer Check-In
- ☐ Where I Am Needed Most

Additional Notes or Concerns: _____

_____

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Remit form to: Cheryl Federighi E-mail Caf1063@aol.com
45 West Taconic Road
Wappingers Falls, NY 12590 Questions - 845-240-3101