



Volunteer Registration
Application Deadline: January 11, 2019

Information

First Name: _____ Last Name: _____

Age/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.

I have had a DSHS background check within the last 36 months: Yes: No:

If your background check was not done through Night to Shine or Clallam Mosaic, please provide a copy of your processed DSHS background check.

If you are under the age of 18, please fill out a Youth Permission Slip.

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 or staff in Special Needs Role

Where? _____

- Other experience with individuals with special needs: _____

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

Volunteer Role Requested: _____

For example – buddy, floating dancer, decorations & setup, take down, kitchen, clothing drive, paparazzi, registration, check-in, check-out, parking lot, general help (we will consider your request but cannot guarantee a specific role)

I would like to work with the Planning Team to prepare for Night to Shine:

Yes: No:

Preferred Role: _____

Additional Notes or Concerns: _____

Please send form to either one of these:

***Hillcrest Baptist Church
205 Black Diamond Rd
Port Angeles, WA 98363***

***Clallam Mosaic
301 Lopez Rm #4
Port Angeles, WA 98362***

Or send to clallamnts@gmail.com

If you have any questions, please call Clallam Night To Shine – 360-775-5693