



- **Volunteer Registration NTS February 9th, 2024, 6 to 9 pm.**
- **Asking Volunteers to come between 5:00 to 5:15 pm**
- **Beechland Baptist Church**
- **4613 Greenwood Road Louisville, Ky 40258**

**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 **Beechland with** a copy of your current background check as soon as possible.*

If no, please contact Beth Bryant complete a background check @  
[adaptivequeenbee@gmail.com](mailto:adaptivequeenbee@gmail.com)

**If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer.** Please have parents/guardian sign there name at the bottom of this registration sheet for permission for volunteers ages 14-17.

Special Skills/Training {[lease check all the apply}

- \_\_\_\_Fluent in American Sign Language (ASL)
- \_\_\_\_Special Education Teacher
- \_\_\_\_Healthcare Professional (if so, please list field  
\_\_\_\_\_)
- \_\_\_\_Current Volunteer in Special Needs Ministry
- \_\_\_\_Other

If Other, please explain:

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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"/> Coat Check   | <input type="checkbox"/> Respite Room  |
| <input type="checkbox"/> Floaters   | <input type="checkbox"/> Safety  |
| <input type="checkbox"/> Flowers  | <input type="checkbox"/> Sensory Room  |
| <input type="checkbox"/> Food Prep  | <input type="checkbox"/> Set-Up  |
| <input type="checkbox"/> Food Service   | <input type="checkbox"/> Social Media Photographer   |
| <input type="checkbox"/> Gift Takeaway  | <input type="checkbox"/> Tear Down   |
| <input type="checkbox"/> Guest Registration   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Hair, Makeup and Shoeshine<br>(please let us know if you are a hairdresser or makeup artist) | <input type="checkbox"/> Volunteer Check-In  |
| <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement)       | <input type="checkbox"/> Where I Am Needed Most  |

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

\_\_\_\_\_  
Please have parents/guardian sign for teens 14 to 17 years old.  
\_\_\_\_\_

**Remit form to Beth Bryant**  
**[adaptivequeenbee@gmail.com](mailto:adaptivequeenbee@gmail.com) or mail to:**  
**Beechland Baptist Church**  
**4613 Greenwood Road**  
**Louisville, Kentucky 40258**  
**Attn: Beth Bryant NTS Coordinator**  
**502 523 0532**  
**There will be a training you must attend.**  
**January 27<sup>th</sup> 2024**