# Volunteer Registration
# (18 years or over)

**Information**

First Name: _____ Last Name:_____

DOB: _____ Gender: Female: ____ Male: ____

Address:_____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

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 24 months: Yes: ____ No: ____
*Please provide Catalyst Church with a copy of your current background check as soon as possible.*

If no, please click these links to complete the required background checks:
https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Criminal-Background-Check.aspx
https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/PA-Child-Abuse-History-Clearance.aspx

**If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer.**

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 your church's 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):

- Buddy
- Buddy Check-In
- Coat Check
- Flowers
- Food Service
- Gift Takeaway
- Hair, Makeup and Shoeshine (please let us know if you are a hairdresser or makeup artist)
- Karaoke
- Respite Room
- Sensory Room
- Set-Up
- Tear Down
- Where I Am Needed Most

Additional Notes or Concerns: _____

_____

_____

***Remit form to: (April Blackie, Catalyst Church, 2500 4th Avenue, Altoona, PA 16602)***
april@catalystchurchaltoona.org