Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____to participate as a volunteer
PARTICIPANT FULL NAME
at the 2026 Night to Shine, sponsored by the Tim Tebow Foundation at

Bavarian Aid Society on Friday, February 13, 2026.

Volunteer Information

DOB: _____ Gender: Female: ____ Male:____

Address:_____

City: _____ State: _____ Zip Code:_____

Phone: _____

Parent / Guardian Phone
(Home):_____

Parent / Guardian Phone (Cell):
_____

Desired Volunteer Role:
_____

Parent Signature: _____ Date: _____

Parent Printed Name:
_____

____ I acknowledge that the signature above is my parent or guardian's signature. They have viewed this form and consented to my participation in the Night to Shine event.

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