



**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](mailto:clallamnts@gmail.com)***

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