



**Sign Up Online
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Code Above**

Friday, February 13th, 2026

6:00 – 9:00 PM

Heartland Christian Center (Full Throttle)

805 S County Line Rd, Hebron, IN 46341

Volunteer Registration

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 completed with Heartland Christian Center within the last 12-18 months: Yes: ____ No: ____

If no, you will be emailed a link to complete your background check. Please be on the lookout for an email from support@checkr.com to fill out a background check, as it may go to your spam folder. Please note that this is at no cost to you, as the church covers the cost of the background check. If you have any questions, please don't hesitate to reach out.

If you are under the age of 18, a permission slip signed by your parent/guardian is required to volunteer. Please find a copy of the volunteer permission slip for volunteers ages 14-17 on pages 5 & 6 of this packet.

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 The Sunshine Center 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):

- | | |
|---|--|
| <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
(please let us know if you are a hairdresser or makeup artist) | <input type="checkbox"/> Virtual Celebration* |
| <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement) | <input type="checkbox"/> Volunteer Check-In |
| | <input type="checkbox"/> Where I Am Needed Most |

**Virtual Celebration volunteers will assist in providing an unforgettable experience to guests who may need or prefer to participate from home or are facing other barriers to attending in-person. Volunteers will work with church staff to prepare and deliver a crown or tiara to each guest along with decorations, prom favors and more. Volunteers may be asked to drive to and from guest homes, the hospital or group homes and will be required to complete a background check, sign a release and provide proof of a valid driver's license and car insurance.*

Additional Notes or Concerns: _____

**PLEASE SIGN THE MEDIA RIGHTS RELEASE ON
THE FOLLOWING PAGE**

Remit Form Via One Of The Following Methods:

Email to Kyle Stowers (nighttoshine@hcc.ag)

Fax to (219) 531-2319

Drop off at the Church Office

Night to Shine Participant (Guests, Volunteers & Vendors)

Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Heartland Christian Center, Inc. ("HCC"), and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and HCC ("CHURCH"), an Indiana nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and CHURCH, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and CHURCH, and to any benefits inuring to TTF and CHURCH as a result of its use of any of the foregoing recordings. Among other things, TTF and CHURCH may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and CHURCH, for the advancement of TTF and CHURCH's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and CHURCH and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and CHURCH, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Indiana, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name.

AGREED TO AND ACCEPTED:

Participant Information

Name of Participant: _____

Signature of Participant (if over age 18):

_____ Date: _____

Signature of Parent/Caretaker/Legal Guardian (if participant is under age 18):

_____ Date: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Minor Volunteer Permission Slip

I hereby give consent for my son/daughter _____, a minor (but at least 14 years old) to serve as a volunteer at a Heartland Christian Center, Inc. facility or affiliate work site ("HCC") from time to time as prescribed by the Volunteer or Ministry Coordinator. I am requesting this experience for the benefit of my child. I understand that the services of a volunteer are donated to HCC without contemplation of compensation or future employment and given for humanitarian, religious, educational, or charitable reasons.

I hereby release Heartland Christian Center, Inc., their affiliated and subsidiary organizations, together with all of their respective directors, officers, employees, volunteers, and agents from any and all claims, demands, actions, and causes for actions of any kind, whether based on negligence or otherwise, for property damage, personal injury, or death, arising from participation in any aspect of said activities with the exception of intentional bad acts.

Volunteers placed in our programs may be required to oversee younger children, help set up and clean up for events, and other miscellaneous activities requiring physical activities. I know of no reason, medical or otherwise, that would prevent my child from performing volunteer services.

In the event of a medical emergency, I understand that the staff at HCC will make an effort to contact me. If HCC is unable to reach me or time is of the essence, I hereby give permission for any and all medical attention to be administered to my son/daughter in the event of accident, injury, sickness, etc., by emergency personnel and rendered under the general or special supervision of any licensed medical professional under the provisions set forth by the state of Indiana on the medical staff at the office or hospital. I also assume the responsibility for the payment of any such transportation and treatment.

Any Medical Conditions or Allergies? ☐Yes ☐No

Explain/Describe:_____

I will provide reliable transportation if necessary and understand that my child is responsible for corresponding with the volunteer office in a timely manner regarding any scheduling changes, sick/vacation leaves or questions.

I understand that volunteering with HCC involves a commitment on the part of my child to work in a designated service area in a regular, safe, and responsible manner. This includes courtesy and respect for others, appropriate dress for the type of work being performed, and adherence to standards of conduct (no property theft, abusive language, profanity or improper behavior, no smoking, no possession or consumption of drugs, alcohol, or controlled substances). I will honor the direction of HCC through its appropriate representative, to suspend or terminate my child's volunteer service.

I understand that HCC is not responsible for my child when he/she leaves an event and/or volunteering. HCC is also not responsible for any personal belongings.

I give perpetual permission to HCC to use, transmit, replay, or broadcast for internal or external purposes, without charge and without reservation, the following information in publishing and promoting the activities or services of HCC: photographs and/or videos of my child, my child's likeness, my child's voice, and my child's personal demographic information (such as name, age and hometown). I waive any rights of action I and/or my child may have and release HCC from any claims I and/or my child may have arising from such use, including any rights to sue for defamation or violation of rights of privacy or rights of publicity.

In signing this, I acknowledge and represent that I am eighteen (18) years of age or older and am fully competent. I have read the foregoing; I understand the significance of the agreement; and am signing voluntarily as an act of my own free will, intending to bind myself, my child, my spouse, my heirs, assigns and personal representative.

Printed Name

Relationship

Signature of Parent/Legal Guardian

Date

Parent/Legal Guardian Full address (street, city, state, zip)

Emergency Contact Phone#