Night to Shine 2026 Volunteer Registration

I confirm that I plan to Volunteer at Night to Shine 2026 hosted at
St. Luke Catholic Church, Middleburg, FL. Yes: ☐ No: ☐

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag: _____

Age:_____ DOB: _____ Gender: Female: ☐ Male: ☐

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

T-Shirt Size: Adult sizes Only - Circle One: Small / Medium / Large / X-Large / 2XL / 3XL

Are you a registered parishioner of St. Luke Catholic Church? Yes: ☐ No: ☐

Emergency Contact during event: _____

Emergency Contact Phone: _____

Background checks are required for ALL volunteers over the age of 18 by 1/23/2026.

* I have a Diocese of St. Augustine background check on file within the last 4 years:
Yes: ☐ No: ☐

If no, please contact the Office at office@stlukesparish.org for additional information to complete the Diocese of St. Augustine background check.

If the volunteer is under the age of 18, a permission slip must be signed by your parent/guardian.

Parent Name (if under 18): _____

Parent Phone & Email (if under 18): _____

*Please complete the attached volunteer permission slip for volunteers ages 14-18.

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 _____)
- ☐ Other

If Other, please explain: _____

How did you hear about Night to Shine?_____

Have Volunteered at Night to Shine Before: Yes: ☐ No: ☐

If Yes, what role?_____

Volunteer Role Requested (we will consider your request but cannot guarantee a specific role. Please indicate 1st, 2nd, and 3rd choice.):

_____ Buddy Team
_____ Candid Photography
_____ Kitchen Help/Serving/Table attendant
_____ Corsages & Boutonnieres
_____ EMT/Nurse
_____ Formal Photography
_____ Guest Check-in/Check-out
_____ Hair & Makeup / Shoeshine Room
_____ I am a Confirmation Volunteer* (Additional information to follow)
_____ Karaoke Room
_____ Limousine Attendant
_____ Parking Attendants
_____ Paparazzi / Red Carpet
_____ Respite / Parent Room
_____ Sensory Rooms
_____ Volunteer Check-in & Lounge
_____ I am on the St. Luke NTS Committee

Additional Notes or Comments: _____

_____

_____

Media Rights Release
Diocese of St. Augustine
Catholic Center
11625 Old St. Augustine Rd.
Jacksonville, FL 32258

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child/myself. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Dioceses of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

_____

Volunteer Name

_____

Parent/Guardian Name and Signature (if under 18)

_____

Date

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Jacksonville, FL 32258

Volunteer Permission Slip for Minors (under the age of 18)

PERMISSION TO ATTEND and PARTICIPANT RELEASE OF LIABILITY

AND MEDICAL INFORMATION

Night to Shine Sponsored by the Tim Tebow Foundation
Hosted by St. Luke Catholic Church

Diocese of Saint Augustine

I give my permission for my child _____ to participate as a volunteer at the 2026 Night to Shine, sponsored by the Tim Tebow Foundation at St. Luke Catholic Church on Friday, February 13, 2026 5:00pm – 10:00pm.

By my signature I give my child _____ permission to attend the event identified above and do hereby release, indemnify, and hold harmless Bishop Erik Pohlmeier, personally and as Bishop of the diocese of St. Augustine, a corporation sole; the Diocese of St. Augustine; St. Luke Catholic Church, their employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, injury, medical and liability arising out of any participation while attending Night to Shine.

It is further acknowledged that Night to Shine is being attended at our own risk, and St. Luke Catholic Church and The Diocese of St. Augustine is not responsible for medical coverage or reimbursement of any costs.

I hereby waive any claim by the participants to a lawsuit against the Diocese of Saint Augustine or any such persons for any liability arising out of participation in this activity.

_____

Child Volunteer Name

_____ _____

Parent/Guardian Name & Signature Date

Remit form to: (St. Luke Catholic Church, 1606 Blanding Blvd. Middleburg, FL 32068 (904)282-0439, office@stlukesparish.org)