



**Night to Shine Gallipolis 2020
Volunteer Permission Slip (Ages 14-17)**

I give my permission for _____ to participate as a volunteer at the
PARTICIPANT FULL NAME
2020 Night to Shine, sponsored by the Tim Tebow Foundation at Elizabeth Chapel Church
on Friday, February 7, 2020.

Volunteer Information

Age/DOB: _____

Gender: Female: Male:

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Parent / Guardian Phone (Home):

Parent / Guardian Phone (Cell):

Desired Volunteer Role: _____

Signed _____ Date _____
(Parent / Guardian)