



Volunteer Permission Slip (Volunteers Under Age 18)

I give my permission for _____ to participate as a volunteer at
PARTICIPANT FULL NAME

the 2025 Night to Shine, sponsored by the Tim Tebow Foundation and hosted by Lakeside Fellowship Church. The event will be held at St. Sebastian Catholic Church 13075 US 1, Sebastian, FL on Friday, February 7, 2025.

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: _____