



# Volunteer Application

## Contact Information

Name		
Street Address		
City ST ZIP		
Address Valid Dates	From:	To:
Home Phone		
Work Phone		
E-Mail Address		

## Availability

During which hours are you available for volunteer assignments?

- |   |            |   |
|---|------------|---|
| <input type="checkbox"/> Weekday mornings   | M T W Th F | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | M T W Th F | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | M T W Th F | <input type="checkbox"/> Weekend evenings   |

## Interests

Tell us in which areas you are interested in volunteering

- Festival Team
- Field Corps
- Mail Squad
- Event Support
- Other: \_\_\_\_\_

## Special Skills or Limitations

Summarize special skills or limitations that you would like us to consider when scheduling you as a volunteer, including hobbies or other organizational affiliations.

SKILLS:

LIMITATIONS: (e.g. standing for long periods)

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

**WE LOOK FORWARD TO WORKING WITH YOU!**

If you have any questions about this form or about available volunteer opportunities, please feel free to contact Dana McDougall at 772.794.0701, ext. 101