

Park Avenue Summer Arts Festival 2010



Volunteer Application

(Saturday, August 7 and Sunday, August 8)

Name (Last): _____ (First): _____ (Middle): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about volunteering for the festival? _____

Are you volunteering as part of a group? Yes No

Are there any factors, which prohibit you from performing certain tasks (standing, walking, etc.)?

Please check the positions and times in which you are interested. If you have a preference, please number them. If these times are not convenient for you, please state your preference and we will do our best to accommodate you. Check as many as you like! Sign up with a friend and work together!

_____ Merchandise / Information: Sell festival merchandise and provide information

_____ VIP Assistant: Greet and assist festival sponsors in an informal setting

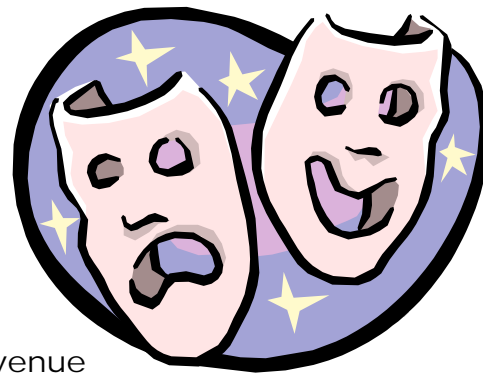
<input type="checkbox"/> _____	August 7	<input type="checkbox"/> 8:30-1:30pm	<input type="checkbox"/> 1:30-6:30pm
<input type="checkbox"/> _____	August 8	<input type="checkbox"/> 8:30-1:30pm	<input type="checkbox"/> 1:30-6:30pm

You will receive a free festival t-shirt when you arrive. Please circle your t-shirt size.

S M L XL XXL

PLEASE READ AND COMPLETE RESERVE SIDE

Park Avenue Summer Arts Festival 2010



The undersigned wishing to assist as a volunteer for the Park Avenue Summer Arts Festival hereby waives any and all claims and demands, actions, and causes of any kind against the Park Avenue Summer Arts Festival and hereby releases the Park Avenue Arts Festival, its officers, directors, agents, and employees from any liability growing out of my participation in this effort.

Participant hereby agrees to defend, indemnify and hold harmless the Park Avenue Summer Arts Festival from and against any claim, demand, suit, loss, causes of actions, damages, liabilities, obligations, cost, expenses, and judgments including without limitation, death and damages to property caused by Participant's acts or omissions and arising out of Participant's involvement in the Park Avenue Summer Arts Festival.

This release and indemnification is valid for all festivals and events one participates in under the current management.

THE PARTICIPANT HAS READ AND UNDERSTANDS THE FOREGOING RELEASE AND INDEMNIFICATION AND HAS SIGNED IT VOLUNTARILY.

Signature

Print Name

Date

Signature of Parent/Guardian
(If under 18 years of age)

Print Name

Date

Please return completed form to:

Park Avenue Summer Arts Festival 2009

97 Park Avenue, Suite C
Rochester, New York 14607

(585) 473-4482 (office)

(585) 473-7645 (fax)

Email address: volunteer@rochesterevents.com

Thank you for volunteering.
We look forward to having you on our team!