

# FESTIVAL VOLUNTEER APPLICATION FORM

First and Last Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Night) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The festival requires volunteers to work half day (4 ½ hours morning or 4 ½ hours in the evening) or the full day (9 hours). Please indicate which hours you wish to work:

\_\_\_\_\_

Assignment Preference (indicate in what area you'd like to volunteer): \_\_\_\_\_

In case of Emergency, Contact:

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Night) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I understand that Baker County reserves the right to reject any volunteer applicant.

**PARENTS MUST SIGN FOR ANY CHILDREN UNDER THE AGE OF 18. MY SIGNATURE ON THIS APPLICATION INDICATES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED BY BAKER COUNTY AND AGREE TO COMPLY TO THE REGULATIONS SET FORTH.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT ABOVE \_\_\_\_\_

**FOR QUESTIONS CALL (904)259-3613 OR E-MAIL: [sara.little@bakercountyfl.org](mailto:sara.little@bakercountyfl.org)**