

STREET PAINTING FESTIVAL 2012 February 25-26th

VOLUNTEER APPLICATION

ALL VOLUNTEERS MUST BE AT LEAST 16 YEARS OF AGE

First Name: _____ Last: _____

Address: _____

City _____ State _____ Zip _____

DOB _____ Age _____ Gender: ___ Male ___ Female

Daytime Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact (name & phone #) _____

Group/Affiliation/School _____

Are there factors limiting you from certain tasks Y/N What day can you help Fri. ___ Sat. ___ Sun. ___

Volunteer T-Shirt size: ___ Small ___ Medium ___ Large ___ X-Large

SELECT YOUR CHOICES IN ORDER OF PRIORITY BE WRITING THE NUMBERS "1", "2", "3", ETC IN THE BOXES. WE CANNOT GUARANTEE A FIRST CHOICE ASSIGNMENT. YOU WILL BE CONTACTED AT A LATER DATE WITH YOUR ASSIGNMENT, INFORMATION AND TIME TO REPORT.

___ Set up/Take down Friday/Sunday ___ Distribute Chalk ___ Bistro/Food area ___ T-Shirts

___ Artist Oasis ___ Monitors/Crowd Control ___ Children's Meadow ___ Survey Takers

___ Volunteer Check in ___ Beer Station ___ Flexible/Any Location

Please sign the waiver below and mail or fax this form to:

Lake Worth Chamber of Commerce 501 Lake Ave , Lake Worth, FL 33460 Fax (561) 547-8300

Volunteer's Agreement, Waiver, Release and Acknowledgement:

In consideration of your accepting me as a volunteer for the Street Painting Festival, I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the Street Painting Festival, the sponsors, the volunteers, the participants, the State of Florida, and the City of Lake Worth in which the event is held, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I grant to the Street Painting Festival and the sponsors and licensees the **exclusive right to the free use of my name, my voice and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event.** I further attest and certify that I am physically fit.

Dated: _____

Signature (Parent or Guardian if under 18)
Acknowledging Waiver of Liability

Printed Name