



VOLUNTEER APPLICATION - 2018

The objective of this event is to offer an educational platform in the form of free workshops to girls and women which provide a nurturing, supportive, inspirational and empowering environment in an effort to prevent and end domestic abuse. Workshops would be offered on a continuing and quarterly basis with the intent to grow them in both attendance and, eventually, in other locations.

APPLICATION DEADLINE: September 1, 2018

Workshops will be held in October, January, April and July each year. Specific dates will be made available as soon as a venue has been confirmed. Please select which workshops you would like to volunteer for:

October January April July

Name: _____

Address: _____

E-mail: _____

Telephone: (daytime) _____ (evenings) _____

All Volunteers who apply by the application deadline receive volunteer t-shirt, access to workshops and may choose the activities and schedule of their choice (first come, first served basis), name listed in the program. Hours are from 8am - 6pm for each quarterly workshop. **A minimum of 5 hours of volunteer work is required.**

Which area would you like to volunteer for? (choose as many as you like)

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Greeter (door person) | <input type="checkbox"/> Signage (Put Up/Take Down) |
| <input type="checkbox"/> Check in Station | <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> Tear Down / Clean Up |
| <input type="checkbox"/> Event Photography/Videography | <input type="checkbox"/> Runner | <input type="checkbox"/> Trash Collection/Bathroom Checks |
| <input type="checkbox"/> Food/Drink Sales (w/Permit) | <input type="checkbox"/> Set Up | <input type="checkbox"/> Vendor Assistant |

Other: _____

Select T-Shirt Size: Adult S Adult M Adult L XL XXL XXXL

Only one T-shirt per person will be provided and must be worn during each event.

Please tell us why you want to be volunteer for our events.

Applicant's Signature

Date

Signature of Participant (or Guardian if under 18)

Date

Emergency Contact:

Please provide the name and contact information for the person we should contact in the event of an emergency:

Liability Release and Agreements

In consideration of Fest Eval, LLC making available to me the ability to participate as a volunteer, I hereby waive, release and hold harmless Fest Eval, LLC, its agencies, officials and employees, from and against any and all liability arising out of or in connection with my use of any venues, facilities, classes, programs and/or equipment. I understand that Fest Eval, LLC does not provide medical insurance for any person participating in any of their programs or using their venues, facilities and equipment, and that unless I have maintained my own medical insurance which covers my activities, I will not be covered by any medical insurance.

Any intellectual property created by me for use by Fest Eval, LLC at the events produced by and in conjunction with the Fest Eval, LLC, including without limitation, promotional materials, graphic art, logos, and advertising copy, shall be considered a work made for hire and shall become the property of Fest Eval, LLC. Such intellectual property shall not be used by me in any fashion without the express written approval of Fest Eval, LLC. Further, I shall use a reasonable degree of care to protect the confidentiality of proprietary information received concerning Fest Eval, LLC not less than the same degree of care which I use to protect my own proprietary and confidential information, including not copying, publishing or disclosing proprietary information to others without the express permission of Fest Eval, LLC.

By volunteering, I also consent that Fest Eval, LLCs may use my name and photograph in any related materials, publications and web pages. I also consent that my contact information to be shared with Fest Eval, LLC staff and consent to them contacting me on matters related to the activity I am involved in. I further consent that Fest Eval, LLC may perform a background check should I become involved in working with children at any stage of my volunteer services.

By my signature, I declare and represent that I have had an adequate opportunity to inquire about my involvement as a volunteer and agree to the above terms.

Signature of Participant (or Guardian if under 18)

Date

Office Use Only: ___ Reviewed ___ Accepted ___ Declined ___ Vetted Date Received: _____ Date Notified: _____ Initials ___ ___

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