



Volunteer Registration Form

Date: _____

Areas Worked: _____

Note: This form is required for all volunteers of the Swartz Creek Hometown Days. This form must be returned to the Volunteer Tent prior to working. In addition, you may be subject to a background check prior to hours worked.

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birth date: _____

Michigan Driver's License or Michigan State ID Number: _____

If emergency medical treatment is needed, hospital of choice: _____

Please document any personal medical conditions we should be aware of: _____

Emergency Contact Information:

First and Last Name: _____

Relationship to you: _____

Phone Number: _____ Secondary Phone Number: _____

If you are under 18 years of age, the following section must be completed by a parent or guardian:

I/We _____ give our child, _____ permission to take part in the Swartz Creek Hometown Days . We authorized any emergency treatment to be provided if I/we can not be reached.

Signature _____ Date: _____

I hereby understand that neither Swartz Creek Hometown Days, nor any of its officers, employees or volunteers, Kincaid Property, or Swartz Creek city shall be held liable for any claims seeking damages for personal injury or property damage that may arise out of my participation as a volunteer for the festival. I also hereby agree to indemnify Swartz Creek Hometown Days, its officers, employees, volunteers, the City of Swartz Creek, County of Genesee, and Kincaid Property harmless on account of any such claims.

I hereby agree to above-stated items. I understand, if any information provided is false, if I do not show up to my assigned event, or I show up to my assigned event under the influence of drugs or alcohol, this will result in my immediate dismissal and the possibility of returning as a volunteer in the future.

Signature _____ Date: _____