



Balloons and Tunes Festival

Produced by the Walker County Chamber of Commerce

Volunteer Application

Phone: 706.375.7702 Fax: 706.375.7797

www.balloonsandtunesfestival.com

Thank you for your interest in becoming a part of the Balloons and Tunes Festival. Please complete the application and waiver below and return by August 15, 2010 to: Walker County Chamber of Commerce, c/o Volunteer Coordinator, PO Box 430, Rock Spring, GA 30739 or fax to 706.375.7797.

(Please mail or fax your application as we must have your actual signature)

Personal Information - Please print or type.

Last Name:		First Name:		Middle Initial:	
Address:		City:		State:	Zip:
Daytime Phone:		Evening Phone:		Cell Phone:	
E-Mail Address:			Age:		Sex:
Emergency Contact Name:		Relationship:		Phone:	
Physical Limitations:			T-Shirt Size: (Please Circle)		
			S M L XL XXL XXXL		

Volunteer Opportunities: Please indicate 1st, 2nd & 3rd choices.

<input type="checkbox"/> Balloons/Rescue Teams <input type="checkbox"/> Security <input type="checkbox"/> Hospitality <input type="checkbox"/> Kids Zone <input type="checkbox"/> Runner <input type="checkbox"/> Set Up/Take Down/ Security Boundaries	<input type="checkbox"/> Clean-Up <input type="checkbox"/> Food/Craft Vendors <input type="checkbox"/> Information/Souvenir Sales <input type="checkbox"/> Parking Lot Attendant <input type="checkbox"/> Anywhere you need me
<p><i>If you're already assigned to an area:</i> Contact: _____ Area: _____ Shift: _____</p>	

When are you available to work?

<input type="checkbox"/> Before Event	<input type="checkbox"/> During Event	<input type="checkbox"/> After Event
<i>During event, what days and shifts are you available to work?</i>		
<input type="checkbox"/> Friday, September 24		
<input type="checkbox"/> Afternoon and Evening <input type="checkbox"/> Afternoon Only <input type="checkbox"/> Evening Only		
<input type="checkbox"/> Anytime you need me		
<input type="checkbox"/> Saturday, September 25		
<input type="checkbox"/> Morning and Afternoon <input type="checkbox"/> Afternoon and Evening		
<input type="checkbox"/> Morning Only <input type="checkbox"/> Afternoon Only <input type="checkbox"/> Evening Only		
<input type="checkbox"/> Anytime you need me		
<input type="checkbox"/> Sunday, September 26		
<input type="checkbox"/> Morning and Afternoon <input type="checkbox"/> Morning Only <input type="checkbox"/> Afternoon Only		
<input type="checkbox"/> Anytime you need me		

Volunteer’s Acknowledgement, Waiver and Release of Liability

In consideration of the event organizer allowing me the opportunity to participate:

- I attest and verify that I am eighteen (18) years of age or older or have parental or guardian permission, am physically fit and sufficiently trained to participate in all activities associated with the program or event. My participation in activities and events organized or sponsored by the Walker County Chamber of Commerce and its member associations is voluntary.
- I assume all risks associated with my participation in activities and events organized or sponsored by the Walker County Chamber of Commerce and its members associations, including injuries or illness to person and damage to and/or loss or property
- For any injury, illness, property damage or loss suffered or sustained by me which is any way associated with my participation, in travel to and from, or activity associated with the above noted program or event, I do hereby, for myself, my heirs, my administrator and executions, forever waive, release and discharge and agree to indemnify for any and all rights and claims, for any expenses, damage or other losses which I may or which may hereinafter accrue, against the Walker County Chamber of Commerce, Balloons and Tunes Festival, its member associations, member clubs, sponsors and organizations or their respective representatives, officers, directors, employees, agents successors and assigns, I agree to abide by the participants rules.
- In the event that I am unable to do so on my own because of injury, I consent to administration of first aid and any other medical treatment in the event of injury and agree to pay the cost of any such treatment.

I hereby state that I have read and understand the above stated accident waiver and release from Liability; I agree to handle my assignments in a dedicated, courteous and responsible manner. I will follow the instruction of the organizers, officials and staff to the best of my ability.

Print Volunteer Name Clearly

Volunteer’s Signature

If volunteer is 14-17 years of age Parental Permission is given by:

Print Parent or Guardian’s Name Clearly

Parent or Guardian’s Signature

Date Signed

