



April 16-17, 2010 at Gardendale Civic Center
VOLUNTEER APPLICATION
Via mail or hand deliver to the Gardendale Civic Center

Name _____ Phone (Home) _____ (Work/Cell) _____

Organization Name (If Applicable) _____

Mailing Address _____

City _____ State _____ ZipCode _____

E-mail Address _____

T Shirt Size: ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large

***Volunteers will be assigned to different shifts throughout the day. Please check the time(s) below that you would prefer to work. Feel free to sign up for more than one shift! We particularly need help during the early and late shifts.**

___ Early Morning (6 a.m.-9 a.m.)

___ Morning (9 a.m. - Noon)

___ Early Afternoon (Noon- 3 p.m.)

___ Late Afternoon (3 p.m. - 6 p.m.)

___ Clean-up Crew (6 p.m. - 8 p.m.)

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Please indicate below if you need a letter of confirmation for your volunteer service.

___ YES

___ NO

.....
Please list any other events / projects that you have volunteered for in the past.
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If you are volunteering at Magnolia Festival, your application is due to Ameer Donald by mail at address: 5216 Short Leaf Lane, Gardendale, 35071 or the Gardendale Civic Center, on or before Monday, April 5 by 5:00 p.m. For additional information about volunteering at the Magnolia Festival, please call (205) 285-9362

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I/we, the undersigned, for and in consideration of permission to participate as a volunteer for Magnolia Festival on April 16-17, 2010, agree to indemnify, hold harmless, and defend the City of Gardendale, Alabama, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expenses, including attorneys fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities preparing for Magnolia Festival, participating in Magnolia Festival or traveling to or from Magnolia Festival.

In the event of any emergency, I/we authorize City officials to secure from any licensed hospital. Physician, and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment for any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT.

Signature of Volunteer Date

Signature of Parent or Legal Guardian Date

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF VOLUNTEER IS UNDER 19 YEARS OF AGE.