

April 16-17, 2021 * Gardendale Civic Center VOLUNTEER APPLICATION

Name	Phone (C	ell)		
Organization/School			(Grade)_	
Mailing Address				
City	State	9	ZipCode	
E-mail Address (Student MUST chec	k this email regularly)			
Do you have artistic talent?	Do you have Xcel/Google Shee	ets experience	ce?	Do you drive a car?
*Volunteers will be assigned to diff volunteer. Feel free to sign up for 1 If you can ONLY work before the f state reason for approval. You can more hours.	more than one shift! We part festival weekend to get your v	icularly nee olunteer ho	d help dur urs for sch	ing the early and late shifts. blarship requirement please
Early Sat Morning (6 am-9 am)	Sat morning (9am-N	oon)	Sat A	fternoon (Noon-3pm)
Sat Afternoon (3pm-6pm)	Friday Afternoon (3pm-6pm	ı)Fric	lay Night (6pm-9/10pm)
I can only volunteer before festive	March (TBD) Posting fly val weekend . State reason	ers/Deliver	signs/t shirt	s Anytime needed
YES	your school needs a letter of o		NO	
	stival does not participate in fulfilling			
	Please indicate your T _SMLX	-shirt size:		••••••
Signed,	Application deadline is M il to Heather Argo, 6065 Short Ro scanned copies may also be emailed nation about volunteering at the Mag	larch 31. oad, Mt. Oliv to heather@js	<mark>e, 35117</mark> printing.com	
I/we, the undersigned , for and in consideration to indemnify, hold harmless, and defend the C against any and all claims, actions, lawsuits, da part arising out of , connected with, or in any ' Gardendale Magnolia Festival or traveling to In the event of any emergency, I/we authorize deemed necessary for my or my ward's immed I HAVE READ AND FULLY UNDERSTO	City of Gardendale, Alabama, its officia amages, judgments, liability and expensival associated with my/our activities p or from Gardendale Magnolia Festival. City officials to secure from any licens liate care and agree that I will be respon	ls, representatives, including a reparing for Gared hospital. Physical content of the second	ves, agents, ser ttorneys fees a ardendale Mag ysician, and/or ent for any and	vants, and employees from and nd litigation expenses, in whole or in nolia Festival, participating in medical personnel any treatment all medical services rendered.
Signature of Volunteer	Date EMERGENCY	CONTAC	T #	
Signature of Parent or Legal Guardian		BY PARENT	OR LEGAL	GUARDIAN IF UNDER 19.