

## April 22-23, 2022 \* Gardendale Civic Center <u>VOLUNTEER APPLICATION</u>

Name		Phone (Cell) _	Phone (Cell)	
Organization/School			(Grade)	
Mailing Address				
City		State	Zip Code	
E-mail Address (Student MU	JST check this ema	nil regularly)		
*Volunteers will be assigned below that you can voluntee early and late shifts on Satu If you can ONLY work befo state reason for approval. Y more hours toward the scho	r. Feel free to sign rday. Friday shifts ore the festival wee ou can also work b	up for more than one s s are limited. kend to get your volunte	hift! We particularly nee eer hours for scholarship	d help during the requirement please
Early Sat Morning (6 am	-9 am)S	at morning (9am-Noon)	Sat Afternoon	(Noon-3pm)
Sat Afternoon (3pm-6pm	ı)Friday A	afternoon (3pm-6pm)	Friday Night (6pm-9/10	pm)
I can only volunteer befo	Marcl	h (TBD) Posting flyers/Do	eliver signs/t shirts Aı	nytime needed
YES	-		mation for your volunteer NO munity service hours required	
				•••••
	S!	e indicate your T-shirt  MLXL	2X3X	
	<mark>Applic</mark>	ation deadline is Mar	<mark>ch 24.</mark>	
		Argo, 6065 Short Road may also be EMAILE	l, Mt. Olive, 35117 D to heaber24@yahoo.c	om:
, ,	_		lia Festival, please call	
I/we, the undersigned, for and in corto indemnify, hold harmless, and det against any and all claims, actions, la part arising out of, connected with, c Gardendale Magnolia Festival or tra In the event of any emergency, I/we deemed necessary for my or my ward I HAVE READ AND FULLY UNE	nsideration of permission fend the City of Gardend awsuits, damages, judgmor or in any way associated veling to or from Garden authorize City officials to d's immediate care and a	to participate as a volunteer for lale, Alabama, its officials, repre- ents, liability and expenses, incl with my/our activities preparing dale Magnolia Festival. o secure from any licensed hosp gree that I will be responsible for	sentatives, agents, servants, and e uding attorneys fees and litigation g for Gardendale Magnolia Festiva ital. Physician, and/or medical per or payment for any and all medical	April 17-18, 2020, agree mployees from and expenses, in whole or in al, participating in sonnel any treatment services rendered.
Simple of Wales		EMERGENCY CON	NTACT PHONE#	
Signature of Volunteer	Date			
Signature of Parent or Legal Guardia	n Date	MUST BE SIGNED BY PA	RENT OR LEGAL GUARDIA	N IF UNDER 19.