



April 25-26, 2025 * Gardendale Civic Center
ADULT VOLUNTEER APPLICATION

Name _____ Phone (Cell) _____

Employment _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address **(MUST check this email regularly)** _____

***Volunteers will be assigned to different shifts throughout the day Friday & Saturday. Please check all the time(s) below that you can volunteer. Feel free to sign up for more than one shift! We particularly need help during the early shifts on Saturday. Friday shifts are limited. We sometimes need volunteers before the festival if you are available to volunteer for projects before festival please let me know.**

- Friday 9am-3pm U-Pick hrs
 Early Sat Morning (6 am-9 am)
 Sat morning (9am-Noon)
 Sat Afternoon (Noon-3pm).
 Sat Afternoon (3pm-6pm)
 Sat Afternoon (3pm-6pm)
 Anytime needed

Please indicate your T-shirt size:

S M L XL 2X 3X

Take a pic or scan signed copy of this application and email to Gabrielle Spruill volunteermagfest@gmail.com. For more information about volunteering at the Magnolia Festival, please call or text (205) 790-4202

I/we, the undersigned, for and in consideration of permission to participate as a volunteer for the Gardendale Magnolia Festival on **April 19-20, 2024**, 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 Gardendale Magnolia Festival, participating in Gardendale Magnolia Festival or traveling to or from Gardendale 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 _____ EMERGENCY CONTACT PHONE# _____