

## April 25-26, 2025 \* Gardendale Civic Center STUDENT VOLUNTEER APPLICATION

Name	Pho	ne (Cell)		
Organization/School			(Grade)	
Mailing Address				
City		State	Zip Code	
E-mail Address (Student MUST check	this email regularly)			
*Volunteers will be assigned to different below that you can volunteer. Feel free arly shifts on Saturday. Friday shifts If you can ONLY work before the fest please state the reason for approval. You acquire more hours toward the school.	ee to sign up for more s are limited. tival weekend to get yo You can also work botl	than one shif ur volunteer	t! We particular hours for the sch	ly need help during the olarship requirement,
Early Sat Morning (6 am-9 am)	Sat Morning (9a	nm-Noon)	Sat Afte	rnoon (Noon-3pm)
Sat Afternoon (3pm-6pm)	_Friday 9am-3pm U-Pic	k hrs	Friday (3	5pm-6pm 6-9pm)
Sat Afternoon (3pm-6pm)	_March (TBD) Posting	flyers/Deliver	signs/t shirts	Anytime needed
I can only volunteer before the fest	tival weekend. State reas	son		
Please indicate below if yoYES The Gardendale Magnolia Festiva			NO	
s	Please indicate you	ur T-shirt si XL	ze: _2X3X	
Take a pic or scan signed copy of the For more information about v	nis application and ema	ail to Gabriel	le Spruill <mark>volunte</mark>	ermagfest@gmail.com.
I/we, the undersigned, for and in consideration of agree to indemnify, hold harmless, and defend the against any and all claims, actions, lawsuits, dama part arising out of, connected with, or in any way a Gardendale Magnolia Festival or traveling to or fi In the event of any emergency, I/we authorize City deemed necessary for my or my ward's immediate I HAVE READ AND FULLY UNDERSTOOD	City of Gardendale, Alabama ages, judgments, liability, and associated with my/our activity from Gardendale Magnolia Fer y officials to secure from any e care, and agree that I will be	a, its officials, rep expenses, includi- ies preparing for stival. licensed hospital. responsible for p	oresentatives, agents, seing attorneys fees and l Gardendale Magnolia . Physician, and/or medoayment for any and all	ervants, and employees from and itigation expenses, in whole or in Festival, participating in lical personnel any treatment medical services rendered.
Signature of Volunteer	Date EMERGE	ENCY CONT.	ACT PHONE#	
Signature of Parent or Legal Guardian	Date MUST BE SIG	ENED BY PARE	ENT OR LEGAL GUA	ARDIAN IF UNDER 19.

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