Please mail completed application to:
Auburn Parks and Recreation
307 S. Dean Road
Auburn, AL 36830
(334) 501-2963
(334) 501-2964 (fax)
www.auburncityfest.com

Auburn CityFest

April 25, 2009 at Kiesel Park

VOLUNTEER APPLICATION

Application must be received by April 20, 2009
Via mail or hand delivery to the Jan Dempsey Community Arts Center

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

Organization Name (If Applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

(You will be contacted via e-mail before the event regarding volunteer duties.)

***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.)

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

____ YES ____ NO

If you are volunteering at Auburn CityFest, your application is due to the Jan Dempsey Community Arts Center on or before Monday, April 20 by 5:00 p.m.
For additional information about volunteering at Auburn CityFest, please call 501-2963.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we, the undersigned, for and in consideration of permission to participate as a volunteer for Auburn CityFest on April 25, 2009, agree to indemnify, hold harmless, and defend the City of Auburn, Alabama, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expense, 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 Auburn CityFest, participating in Auburn CityFest or traveling to or from Auburn CityFest.

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 of 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.