



Sacramento Pagan Pride Day & Harvest Festival

APPLICATION FOR VOLUNTEER SERVICE



This information is kept in strict confidence

PERSONAL INFORMATION

Name (First)			(MI)	Name (Last)		
Street Address			City		State	Zip
Phone (Day)		Phone (Evening)		Phone (Other)		E-Mail Address
T-Shirt Size			Position of Interest:			
Are you 18 years old or over? <input type="radio"/> Yes <input type="radio"/> No			Drivers License or ID #:			
Have you volunteered for Pagan Pride Day & Harvest Festival in the past? <input type="radio"/> Yes <input type="radio"/> No						
If yes, when?			Position held:			
Emergency Contact Name: _____						
Phone Number(s): Home : _____ Cell : _____ Other: _____						
Current Occupation: _____						

Availability Schedule, Please indicate hours and days available to volunteer:

Friday	Saturday	Sunday

I understand that the signing of this application does not constitute an offer of volunteering. In the event of approval, I understand that I am required to abide by all rules and regulations of Pagan Pride Day & Harvest Festival. Any material or deliberate omission of any fact in my application may be justification for refusal of, or termination from volunteering. It is my understanding that Pagan Pride Day & Harvest Festival, may verify any information given in application for volunteering, related papers, or oral interviews. I herewith release from liability any person giving or receiving any such information. I agree that my volunteering may be terminated by the the Pagan Pride Day & Harvest Festival at any time without liability.

Signature of Applicant: _____ Date: _____

Official Use Only - Not for Applicant

Approved: <input type="radio"/> Yes <input type="radio"/> No	By: _____	Date: _____	Badge Number Issued: _____
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