

Balloons Over Fayette

Volunteer Application

Selection and placement of volunteers will be made by the Volunteer Coordinator based on need in selected areas.

PRINT CLEARLY

Full Name: _____

Address: _____
STREET NUMBER & NAME CITY STATE ZIP

Home Phone: _____ Work: _____ Cell: _____

Please circle your primary phone number that you would like us to call first: Home / Work / Cell

E-mail Address(es): _____

Emergency Contact: _____ Phone: _____

Are you 18 years old or older? Yes ___ No ___ If no, what grade are you in? _____ Circle: Male or Female

Circle Shirt Size: ADULT S M L XL XXL YOUTH L XL

List any experience you may have working large events in your selected areas: _____

Please check next to all areas you are willing to volunteer in:

- 1) Kid's Zone _____
- 2) Vendor Area Assistance _____
- 3) Parking _____
- 4) General Runner _____
- 5) Park Maintenance _____
- 6) Entertainment Area _____
- 7) Logistics _____
- 8) Balloon Setup _____

Please check time frame(s) you are available:

- 1) **All Day** _____
- 2) 9:00-11:00am _____
- 3) 11:00-1:00pm _____
- 4) 1:00-3:00pm _____
- 5) 3:00- 5:00pm _____
- 6) 5:00-7:00pm _____
- 7) 7:00-9:00pm _____
- 8) **9:00-Till Breakdown Complete** _____

WAIVER FOR VOLUNTEERS: The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Fayette County Parks and Recreation Department to seek immediate medical attention for myself/my child. I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, and on the county and department web sites, and in any other publications produced for Fayette County Parks and Recreation Department. Consent is also granted for any use of my name/child's name in any part of those publications listed above.

I agree to abide by the written rules and spirit of the Fayette County Parks and Recreation Department. I understand that I serve at the discretion of the Fayette County Parks and Recreation Department and am under the direct supervision of the Balloons Over Fayette Volunteer Coordinator and Fayette County Parks and Recreation Staff. I further agree to abide by the decisions made by the Volunteer Coordinator and Fayette County Parks and Recreation Staff. I understand that the Fayette County Parks and Recreation Department may investigate the information I have furnished. I realize that any misrepresentation or false information in the application may lead to withdrawal of any volunteer opportunities for the Fayette County Parks and Recreation Department and Balloons Over Fayette. I have read this document and am fully aware of the content and limitations, legal and otherwise.

_____ I give permission for my phone number and/or email address to be given to any sub group leader for Balloons Over Fayette.

Signature (parent/guardian if under 18) : _____ **Date:** _____

Fayette County Parks & Recreation Department * 770-716-4320 * www.fayettecountyga.gov/parks_and_recreation
Mail: 140 Stonewall Avenue West, Fayetteville, GA 30214 * **Email:** ksmith@fayettecountyga.gov

STAFF USE ONLY

Staff Initials _____ Date Received _____ Background Check _____ Area Assigned to _____