



Volunteer Registration Form

Date _____
Area Worked _____

Number of Hours Worked _____

This form must be completed and returned to the Volunteer Director prior to working. In addition, you may be subject to a background check prior to hours worked.

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone or Cell Phone _____ Email Address _____

Driver's License or State ID Number _____

In case of emergency medical treatment is needed, hospital of choice _____

List any personal medical conditions we should be aware of _____

Emergency Contact Information

First and Last Name _____ Relationship _____

Daytime Phone or Cell Phone _____

If you are under 18 years of age, the following section must be completed by a parent or legal guardian.

I/We _____ give our minor child _____

Permission to take part in Swartz Creek Hometown Days. We authorized any emergency treatment to be provided if I/we cannot be reached.

Parent or Guardian Signature _____ Date _____

I hereby understand Swartz Creek Hometown Days, its Directors, Volunteers, Kincaid Property, the City of Swartz Creek, and/or Genesee County shall not be held liable for any claims seeking damages for personal injury and/or property damage(s) that may arise out of participation as a Volunteer for the festival. I also hereby agree to indemnify Swartz Creek Hometown Days, its Directors, Volunteers, Kincaid Property, the City of Swartz Creek, and/or Genesee County harmless on account of any such claims.

I hereby agree with the above-state items. I understand, if any information provided is false or misleading, I do not show up to my assigned event or show up to my assigned event under the influence of drugs or alcohol, will result in my immediate dismissal and the possibility of returning as a volunteer in the future.

Signature _____ Date _____