



Flying Squirrel Entertainment LLC

VOLUNTEER APPLICATION FORM



FULL NAME		BIRTHDATE (optional)	Under 21 years old? (circle Y/N)	
			Yes	No
CITY		STATE	ZIP CODE	
CELL NUMBER		PHONE NUMBER		
EMAIL ADDRESS				
EMERGENCY CONTACT		PHONE NUMBER		

PLEASE CHECK ALL THE POSITIONS YOU ARE INTERESTED IN:

- | | |
|--|--|
| <input type="checkbox"/> Security | <input type="checkbox"/> Photographer / Videographer |
| <input type="checkbox"/> Set-up Crew | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Break-down Crew | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Technical Crew | <input type="checkbox"/> Advertising / Marketing |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Registration | |

SCHEDULE COMMITMENT

Clear your calendar for every shift you commit to work for this event. While emergencies can occur, you become an integral part of the event. Once you commit, any change must be cleared with the Volunteer Coordinator, at least 24 hours in advance. Do not overextend yourself or commit if you are not sure. Please indicate any possible conflict that may interfere with your commitment. Conflicts reported after your agreement may result in dismissal from the event. If adjustments need to be made to your schedule, please notify the Volunteer Coordinator.

HOLD HARMLESS & INDEMNIFY

By signing this agreement, I agree to indemnify, hold free and harmless Flying Squirrel Entertainment, its volunteers, agents, employees, officers, directors, producers, and coordinators from any and all costs arising or alleged to have arisen out of my participation in this event. I agree to follow all rules and regulations established for this event. Absolutely no abuse of alcoholic beverages, weapons or illegal drugs will be allowed, and/or the discrimination of any sort. I agree to the use of any and all images and audio obtained at the event for the purpose of promotion and/or marketing without compensation.

_____	_____
Signature	Date
_____	_____
Guardian Signature (if volunteer is under 21)	Date
_____	_____
Guardian Name	Guardian Phone