



VOLUNTEER APPLICATION and WAIVER

Name: _____ Date _____

Address: _____

Home Tel: _____ Cell: _____

Email: _____ Twitter _____

EMERGENCY CONTACT:

NAME: _____ Relationship _____

Phone: _____

How did you hear about Wordsmith?

Friend/Colleague: _____ Website: _____ Twitter _____

Newspaper article _____ Facebook _____ Other _____

SUBCOMMITTEE for HIGH DESERT BOOK FESTIVAL (we will try to accommodate your choice)
We especially need people to help set up the tents on Friday and break them down on Saturday as the festival closes. We also need a true leader to coordinate all the volunteers.

- | | | |
|--|--|--|
| <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Development / Fundraising |
| <input type="checkbox"/> Speaker Liaison | <input type="checkbox"/> Writing / Editing | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Any/All | <input type="checkbox"/> Children's Pavilion | <input type="checkbox"/> Logistics (set up and break down) |
| <input type="checkbox"/> Other | | |

Comments: _____

Background Checks: Volunteers may need to undergo background checks and fingerprinting. We are also required to check I.D. against the name you submit.

Have you ever been convicted of a felony? Yes No

Would you agree to a background check or fingerprinting? Yes No

If you answered "yes" to any of the questions above or NO to fingerprinting, please explain:

We expect all committee members and volunteers to act in a courteous, professional and respectful manner to other committee members, volunteers and the public when acting on behalf of our nonprofit.

Availability (please specify time)

M _____ Tu _____ W _____ Th _____ Fri _____ Sa _____ Su _____

Hours: _____

Bilingual (identify the languages):

Speak _____ Read _____ Write _____

FOR ADULT LITERACY TUTOR VOLUNTEERS, we have a separate set of questions.

Comments & Special Skills _____

FOR HIGH SCHOOL STUDENTS under 18, YOUR PARENTS and HIGH SCHOOL COUNSELOR MUST ALSO SIGN: I am under 18.

We have a separate permission slip that must be signed by your parents and high school counselor.

FOR HIGH SCHOOL STUDENTS: (must be at least 15) Permission slip attached

Parent's Name _____ Relationship _____

Phone _____ Email _____

Name of High School _____ **Grade Level** _____

Counselor's Name _____

Phone _____ Email _____

WAIVER OF LIABILITY

In consideration for being permitted to participate as a Wordsmith Productions/Victor Valley Arts (may be referred to as "the nonprofit") Committee Member/ Volunteer /Freelance Contractor, I hereby waive, release, and discharge any and all claims for damages for personal injury, or property damage that I may have or which may hereafter accrue as a result of my participation in said activities on behalf of Wordsmith Productions/Victor Valley Arts. This release is intended to discharge, in advance, the nonprofit, its directors, officers, agents, and employees from and against any and all liability arising out of or connected in any way with my participation as a committee member, volunteer and/or subcontractor. I have voluntarily applied to participate and I agree to assume any and all risks. This assumption of risks is to be binding on my heirs and assigns.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and shall be governed by and interpreted in accordance with California laws. **NAME AND PHOTOGRAPH:** I grant and convey to the nonprofit the right, title, and interests to any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the nonprofit for their marketing and social media use in connection with my providing volunteer or paid services and grant them permission to list my name as one of their associates. I certify that I have carefully read this agreement, waiver, and release and fully understand its contents.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for your interest in our nonprofit.

SIG _____ DATE _____