

**Silver Lake Sand Dunes Apple & BBQ Cook Off Festival
Volunteer Application Form**

Legal Name _____
(One application per person please)

Mailing Address _____ Email Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Do you have any special needs that we should be aware of? (i.e. sun exposure, standing, lifting, walking)
Please explain: _____

Person to notify in case of emergency:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Please read and sign...As a volunteer, I am not an employee of the Silver Lake Sand Dunes Apple & BBQ Cook Off Festival and am not subject to the benefits provided under the laws of Workers Compensation in the State of Michigan. Further, I agree to hold harmless the Silver Lake Sand Dunes Apple & BBQ Cook Off Festival, it's officers, directors, employees and authorized representatives, against any and all claims, losses, injuries (including death and disability), liabilities, damages and expenses of any kind, including attorney fees, with respect to my volunteering for the Silver Lake Sand Dunes Apple & BBQ Cook Off Festival. I hereby grant the Silver Lake Sand Dunes Apple & BBQ Cook Off Festival, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for advertising and any other purpose, and in any manner and medium; and to alter the same without restriction. I hereby release the photographer and the Silver Lake Sand Dunes Apple & BBQ Cook Off Festival, its officers, directors, employees and authorized representatives, against any and all claims and liability relating to said photographs.

I understand that my background may be checked annually for any criminal history as long as I am a volunteer for the Silver Lake Sand Dunes Apple & BBQ Cook Off Festival. The Silver Lake Sand Dunes Apple & BBQ Cook Off Festival reserves the right to decline an individual's request to volunteer. All information will be kept confidential.

Individuals who have been convicted or pled guilty to offences involving: trafficking in drugs, fraud, misappropriation of funds, weapons or violence against a person including sexual assault may not be eligible to volunteer.

Signature _____ Date _____ Date of Birth _____
(month/day/year) REQUIRED

Parent/Guardian Signature (if under 18) _____

Have you ever been convicted of a criminal offense for which you have not been pardoned: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Conviction: (day/month/year) _____ Signature: _____
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Tee Shirt Size: Please indicate size below

NOTE: THERE WILL BE NO EXCHANGES ALLOWED ON SIZES OF SHIRTS ORDERED. IF IN DOUBT, ORDER A SIZE LARGER!

Small _____ Medium _____ Large _____ XLarge _____ 2XL _____ 3XL _____ 4XL _____