

# Juneteenth Volunteer Application

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## **IN CASE OF EMERGENCY:**

My Contact Person Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check all that apply:

I am interested in volunteering for this year's event

I am interested in volunteering on an on-going basis

I will organize volunteers from my job/organization/company

Special Interest (please specify) \_\_\_\_\_

I would prefer to volunteer during the following times:

Morning Shift (6:00 a.m. to 9:00 a.m.)

Mid-Morning Shift (9:00 a.m. to 12:00 p.m.)

Afternoon Shift (12:00 p.m. to 3:00 p.m.)

Evening (3:00 p.m. to 5:00 p.m.)

My T-shirt size (please indicate): \_\_\_\_\_

Please choose from the following list of volunteer opportunities for this year's Twin Cities Juneteenth, Inc. celebration:

1. Breakfast Assistant
2. Bus Service Coordinator
3. Clean Up Crew Coordinator
4. First Aid Helper
5. Greeter
6. Overnight Security
7. Public Relations Lead Person
8. Secretary (Seasonal)
9. Set Up Electrician Assistant
10. Set Up and Monitor Stage Area Assistant
11. Shift Coordinator
12. Soft Drink Coordinator

- 13. Story Teller Assistant
- 14. Vendor Assistant
- 15. Volunteer Assistant
- 16. Parking Assistant

**Confidentiality Agreement**

I will not share confidential information which I see or hear while volunteering with Twin Cities Juneteenth Celebration with other persons or organizations outside of the agency. In signing this document I am agreeing to serve as a volunteer and understand that any identifying information about vendors, staff and other volunteers will be treated as confidential.

**Waiver**

By signing this volunteer application, I understand that I am volunteering with the Twin Cities Juneteenth, Inc., organization without pay, financial or other obligations. I fully understand and agree to assume all risks to me of injury (including death), property damage, or any loss or damage to my property arising out of or associated with my participation in the Twin Cities Juneteenth, Incorporated volunteer program.

I hereby agree, for myself, legal representatives, heirs, successors, and assigns to release, waive, indemnify, discharge, keep and hold harmless the Juneteenth volunteer program, its directors, officers, employees, agents, insurance carriers, and other volunteers from any and all loss, damages, liability, fines, or claims of whatever kind arising from or in connection with any bodily injury to me (including death), or any loss or damage to my property, arising out of, or as a consequence of, my participation in the Juneteenth volunteer program, even if caused by the negligence of Juneteenth or its agents or employees, unless the injury, death, or property damage occurred as a result of the Juneteenth sole negligence.

Anyone under 18 years old or younger must sign a Twin Cities Juneteenth waiver before being a volunteer thru Twin Cities Juneteenth. We cannot be responsible for untrained or unsupervised participants an adult, guardian or staff must sign this waiver. Also note: Applicable applicants under the age of 18 years old cannot work more than three hours per shift period. No driving of Twin Cities Juneteenth mobile carts will be permitted.

By signing below, I also acknowledge that I understand the language of this form, and that I have had the opportunity to speak with the Volunteer Coordinator about any questions or concerns I may have had about this form and about the responsibilities of Juneteenth volunteer program.

Volunteer's Name: \_\_\_\_\_  
(Please type or print)

Volunteer's Signature: \_\_\_\_\_

Volunteer's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date: \_\_\_\_\_