

**A.B.O.V.E. Volunteer Application**

**Contact Information**

|  |  |
| --- | --- |
| Name  |  |
| Street Address  |   |
| City ST ZIP Code  |   |
| Home Phone  |   |
| Work Phone  |   |
| E-Mail Address  |   |

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| --- |
| **Interests**  |
| Tell us in which areas you \_\_\_ Merchandise booth \_\_\_ Set-up & Break-Down \_\_\_ Refreshment Booth\_\_\_ Deliveries \_\_\_ Phone bank \_\_\_ Media/ads   |  Are interested in volunteering: \_\_\_ Maintenance \_\_\_ Information Table \_\_\_ Children’s Play Area \_\_\_ Runner \_\_\_ Entertainment Booth\_\_\_ Healthy Tent  |
| **Special Skills or Qualifications**  |

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.



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# Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name  |   |
| Street Address  |   |
| City ST ZIP Code  |   |
| Home Phone  |   |
| Work Phone  |   |
| E-Mail Address  |   |

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed)  |   |
| Signature  |   |
| Date  |   |

# Our Policy

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.

Please mail application to:

P.O. Box 14131

Rochester, NY 14614 or

Email to: info@afamfestival.com

Thank you for completing this application form and for your interest in volunteering with us.