

GAF 2010 Festival Volunteer Application

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Home Phone*: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth*: Day: _____ Month: _____ Year: _____

When are you available? (Check or write in ALL that apply)

Setup week (meals provided at noon & 6:00 p.m.)

Saturday through Friday Days available _____
Hours available _____

Electrical crew (set-up week) Carpentry crew (set-up week) Signs (set-up week)

Festival weekend:

Friday	Saturday	Sunday
<input type="checkbox"/> Friday daytime	<input type="checkbox"/> Saturday morning	<input type="checkbox"/> Sunday morning
<input type="checkbox"/> Friday evening	<input type="checkbox"/> Saturday afternoon	<input type="checkbox"/> Sunday afternoon
<input type="checkbox"/> Friday night	<input type="checkbox"/> Saturday evening	<input type="checkbox"/> Sunday evening
	<input type="checkbox"/> Saturday night	

Clean up week (meals provided at noon & 6:00 p.m.)

Monday through Saturday Days available _____
Hours available _____

Electrical crew (clean-up week) Carpentry crew (clean-up week) Signs (clean-up week)

I am interested in volunteering for the following assignment (Check ALL that apply):

Bus Transportation

Bus Marshalls Bus Parking Lots

Tickets and gates

Admission Gates Food and Beverage Ticket Sales Wrist Banding

GAF 2010 Festival Volunteer Application

Food Service

- | | | |
|--|--|--|
| <input type="checkbox"/> Almond cooking | <input type="checkbox"/> Cheese Haus | <input type="checkbox"/> Chicken Cooking |
| <input type="checkbox"/> Chicken and corn sales | <input type="checkbox"/> Corn cooking | <input type="checkbox"/> Food booths |
| <input type="checkbox"/> Ice Cream | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Pommes Frites |
| <input type="checkbox"/> Popcorn | <input type="checkbox"/> Potato Cooking (Thursday) | <input type="checkbox"/> Potato Pancakes |
| <input type="checkbox"/> Potato Peeling (Thursday) | <input type="checkbox"/> Pretzels (teenagers needed) | <input type="checkbox"/> Sidewalk Cafe |
| <input type="checkbox"/> Wurst im Wald | | |

Beverage Sales

- | | | |
|--|---|---|
| <input type="checkbox"/> Beer Sales (must be 21 or over) | <input type="checkbox"/> Pop Sales (teenagers needed) | <input type="checkbox"/> Wein Garten/Wein Bar (must be age 21 and over) |
|--|---|---|

Parking/Handicap Carts

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Handicap Golf Cart Driver | <input type="checkbox"/> Parking |
|--|----------------------------------|

Clean-up/Recycling

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Clean up Crew | <input type="checkbox"/> Recycling |
|--|------------------------------------|

Other Duties

- | | | |
|--|--|--|
| <input type="checkbox"/> Import Haus/Merchandise Booth | <input type="checkbox"/> Information Booth | <input type="checkbox"/> Raffle Ticket Sales |
| <input type="checkbox"/> Floater (Please assign me a job!) | | |

People I'm Interested in Volunteering with: _____

Emergency Contact Info

Contact Name: _____ Contact Phone: _____

Comments (If you have previously volunteered for the Festival, please mention when and for whom in the comments section.)

By checking the box below, I recognize and acknowledge that by volunteering for the G.A.F. Society, d/b/a German-American Festival in any capacity, there are certain risks involved and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other

GAF 2010 Festival Volunteer Application

loss which I, my child for whom I am the legal guardian may sustain as a result of participating as a Volunteer for the Festival.

As a volunteer for G.A.F. Society, I understand that an injury to myself or my child sustained as a result of acting strictly within the agreed upon scope of my/my child's volunteer duties may be covered under the G.A.F. Society's volunteer accident insurance as negotiated by the Society year-to-year. Any coverage so provided will be governed by policy language. I also understand that the G.A.F. Society does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, or property damage. I also certify that I am/my child is in the appropriate physical and mental condition to participate as a volunteer.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Ohio and that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. The undersigned has carefully read and voluntarily signs this Waiver and Release of all claims and fully agrees and understands that its contents and meaning as a full waiver and release of all claims and liability against the G.A.F. Society, its elected officers, agents, servants, employees, volunteers and insurers.

Finally, I grant full permission to the G.A.F. Society to use any photographs, videos, or recording of myself, my child or minor for whom I am the legal guardian while volunteering for any purpose.



I agree with the Volunteer information above*

Parent or Guardian signature if 18 or under: _____

* Required Information Fields

GAF Festival Volunteer Application instructions:

1. Print and fill out application
2. Place in envelope and mail to: GAF Festival Volunteer Application
PO Box 167561
Oregon, OH 43616-7561
3. or phone: 419-691-6460 for more information

You may also fill out an on-line volunteer application on the GAF Website