



## 2018 Volunteer Application Form

EMAIL YOUR APPLICATION TO: [info@pumpkinfest.org](mailto:info@pumpkinfest.org) (please make subject line VOLUNTEER)  
DROP YOUR APPLICATION OFF AT THE PLEX OR PORT ELGIN FIREHALL

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Under 18 or obtaining volunteer service hours? If so, Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School/Agency: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Birthday: \_\_\_\_\_

Where do you wish to volunteer (please circle all areas that interest you):

- |   |                             |
|---|-----------------------------|
| Personal Helpers                              | Car Show                    |
| Children's Activities                         | Weigh-off Tent              |
| Gophers/Runners                               | Greeters/Surveyors          |
| Mascots                                       | Parking and Security (18+)  |
| Site Set-up (Friday)/Tear Down (Sunday Night) | Souvenir/Information Booths |

Hours Available to Work (please specify ie., all day, or morning, afternoon, or evening):

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Emergency Contact Name and Telephone: \_\_\_\_\_

(Please keep in mind that these numbers must work during the event weekend)

Signature of Volunteer: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

(If volunteer is under 18 years of age)

Thank you for completing the Volunteer Application. Please read and sign the waiver of liability/volunteer agreement on the reverse of this form. A Pumpkinfest representative will contact you shortly to confirm your volunteer hours

**CONFIDENTIAL FORM** (See over)

**VOLUNTEER AGREEMENT AND WAIVER OF LIABILITY**

In consideration of my participation as a volunteer at Port Elgin Pumpkinfest, I state and agree as follows:

- 1) To adhere to this agreement at all times;
- 2) To provide my time and service without remuneration;
- 3) To fulfill the volunteer hours agreed upon and be on time for my volunteer shift, and provide my supervisor with as much notice as possible if I am unable to attend a given shift;
- 4) To abide by all policies, procedures and guidelines provided to me that are relevant to my volunteer work and follow all instructions provided to me by my supervisor and any Pumpkinfest personnel;
- 5) That I have read, fully understand and accept the terms and conditions of volunteering as set out in the volunteer policies manual;
- 6) To accept orientation and training in order to provide quality service;
- 7) To accept supervision in the performance of my duties, and not represent myself as an agent of the organization or comment to the media press unless approved by my supervisor;
- 8) To perform all assigned tasks to the best of my ability, and not report to work while under the influence of alcohol or drugs and to bring my best skills and abilities to my volunteer work;
- 9) To treat with courtesy each individual with whom I come into contact regardless of race, color, religion, age, gender, sexual orientation or national ancestry;
- 10) To obey all laws and regulations, including traffic laws while volunteering;
- 11) I understand that public relations are an important aspect of volunteer work, and therefore agree to allow Port Elgin Pumpkinfest to use any photographs, video or film taken of me;
- 12) I understand that my volunteer duties may require me to work closely with young children and/or handle currency and therefore agree to allow Port Elgin Pumpkinfest to perform random police record checks to ensure that I do not have a history of violence and/or charges or convictions for theft related crimes and/or crimes against children;
- 13) That my failure to follow paragraphs 1 through 12 may result in my termination as a volunteer;
- 14) That I am participating in the activity at my own risk, and acknowledge that Port Elgin Pumpkinfest have made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site. I voluntarily assume all risk of property damage and personal injury/damage of any kind sustained by me (or my minor child) during Port Elgin Pumpkinfest. I understand that during my participation in Port Elgin Pumpkinfest I may be exposed to a variety of hazards and risks, foreseen and unforeseen;
- 15) To waive, release, discharge, indemnify, and hold harmless the Saugeen Shores Chamber of Commerce, Port Elgin Pumpkinfest and their members, officers, directors, employees, agents, and volunteers from any and all claims, liabilities, losses, damage, costs and expenses resulting from any injury or damage to me (or my minor child) or my property (or property of my minor child) which occur during, or in association with, Port Elgin Pumpkinfest, where such injury or damages were caused in whole or in part by the acts or omissions (negligent or otherwise) of the Saugeen Shores Chamber of Commerce, Port Elgin Pumpkinfest, or the members, officers, directors, employees, agents, or volunteers of Saugeen Shores Chamber of Commerce and/or Port Elgin Pumpkinfest. I understand and agree that my assumption of risk and release is binding upon my heirs, executors, administrators and assigns;
- 16) That my (or my minor child's) participation in this activity may involve sustained and or strenuous activity. I (or my minor child) am in good health and am aware of no physical problem or condition which will limit or interfere with my (or my child's) ability to participate in the activity.

I, \_\_\_\_\_ (name of volunteer) have read, appreciate and fully understand and accept the terms and conditions of this Volunteer Agreement and Waiver of Liability

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Parent or Legal Guardian Release (volunteers under the age of 18)

As the parent or legal guardian of the above name volunteer, I give my full consent to allow my child or ward to volunteer services for Port Elgin Pumpkinfest and its agents as described in the above volunteer agreement. I have read and fully understand the terms and conditions in this volunteer agreement and waiver of liability. On behalf of myself and my child or ward, I agree to all terms and conditions outlined in this volunteer agreement and waiver of liability.

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_