

TRI-CITY WATER FOLLIES VOLUNTEER INFORMATION

Name: _____ Daytime Phone: _____ Shirt size: _____

Committee: _____ Evening Phone: _____ Year: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email address _____

Emergency contact while on duty: _____ Phone #: _____

2nd Emergency contact: _____ Phone #: _____

Allergies/medical information medical personnel should be aware of: _____

Are you a part of volunteer organization (civic, school, church or sports club, etc.)? Yes No

If yes, name of organization: _____

I understand that I am responsible for my own safety during this event and agree to the policies established by the Tri City Water Follies Association (as posted in the Pit Trailer).

Signature

Date

TRI-CITY WATER FOLLIES MINOR CONSENT TO VOLUNTEER

I, _____, hereby give permission for my child, _____, to participate in volunteer activities for the Tri-City Water Follies Association. The Tri-City Water Follies Association believes in hosting a safe event and encourages community volunteerism and participation. We strive to provide as safe an environment for volunteers as possible and expect that parent and child understand that risk exists and to act safely. I agree to the schedule my child is to work and understand that transportation will not be provided.

Print clearly first and last name

Relationship (mother, father)

Signature

Date

I consent for my child, as named above, to receive medical attention if needed while volunteering for the Tri-City Water Follies Association.

Signature

Date