



VOLUNTEER APPLICATION

Do you want to have a great time, make new friends, and be part of Port Fest 2011? Come join us for the day on Saturday, October 22nd 2011. There will be lots of fun for the whole family! As a volunteer, you will be right in the middle of all the action and you will receive a complimentary meal and a certificate of your volunteer service.

(Please Print)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Below please indicate what shifts you would like to work by checking next to the appropriate time slot(s). Also indicate if you would like to work with a specific group or person or have any health restraints. **NOTE:** *We will try to accommodate your requests but cannot guarantee them; first come, first reserved! In addition, please sign the attached waiver and return it with your application. Thank You!*

Saturday, October 22n:

- 7:00am – 10:00am Event Set-Up & Registration
- 10:00am – 1:00pm _____
- 1:00pm – 4:00pm _____
- 4:00pm – 6:00pm _____
- 6:00pm – 8:00pm _____
- 8:00pm – 10:00pm Clean up Crew

WE NEED YOUR HELP WITH:

- ***5k Breast Cancer Run/Walk (early hours, see below)
- Setting up Tents and Tables (early hours)
- Rides/Games and Children's Activities (10am to 10pm)
- Selling T-Shirts (all day)
- Bed/Bathtub Race (afternoon)
- Misc. details/Runner (all day)

Please return your completed application and waiver to:

Diane Petrocelli, Events Coordinator 321-514- 8657

dpetrocelli@visitportcanaveral.com

***Those interested in volunteering for the Breast Cancer 5K should please contact Vonda Welborn at her email: vwelborn@visitportcanaveral.com or call: 321-403-7695

Waiver of liability

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby for myself, heirs, executors, and administrators, waive and release all rights and claims for damage I may have against the port Canaveral association, the Canaveral Port Authority, City of Cape Canaveral, the Port Fest Committee, sponsors, or volunteers, their representatives, successors, and assignees, for any and all risks/injuries suffered by me in this event. I hereby grant full permission to the Port Canaveral Association and/or Port Fest and/or agents authorized by them to use any photographs, videotapes, recordings, and any other record of this event for any legitimate purpose. I also give full permission for such first aid as deemed necessary to be provided to me on the premises or prior to transport to hospital for further treatment.

Signature: _____ Date: _____