

ABTSF VOLUNTEER DUTIES

Volunteers need to be 13 or older

	DATE	TIME	DUTIES		
PACKING DAY	Wednesday August 8	9:00 a.m. to 12:00 p.m.	Unpacking boxes, insert flyer, organize boxes		
GYM SET UP	Friday August 10	2:00 p.m. to 4:00 p.m.	helping agencies set up tables		
EVENT DAY	Saturday August 11	Available shifts: 7:00 a.m. to 8:00 a.m. (*) 8:00 a.m. to 11:00 p.m. 11:00 p.m. to 2:00 p.m. 2:00 a.m. to 4:00 p.m.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a) Set up tents/tables & signs(*) b) Supply distribution c) Kids entertainment </td> <td style="width: 50%; vertical-align: top;"> d) Crowd control e) Traffic control/safety f) Grounds maintenance g) Clean up </td> </tr> </table>	a) Set up tents/tables & signs(*) b) Supply distribution c) Kids entertainment	d) Crowd control e) Traffic control/safety f) Grounds maintenance g) Clean up
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PLEASE SELECT THREE ACTIVITIES AND TIMES THAT, YOU WOULD BE INTERESTED IN HELPING:

FIRST CHOICE: _____ FROM: _____ TO _____

SECOND CHOICE: _____ FROM: _____ TO _____

THIRD CHOICE: _____ FROM: _____ TO _____

DO YOU SPEAK SPANISH FLUENTLY? YES NO

IF YOU HAVE ANY PHYSICAL RESTRICTIONS YOU WOULD LIKE US TO CONSIDER PLEASE LIST THEM BELOW, (EX. NO HEAVY LIFTING, LIMITED MOBILITY, ETC.) _____

IN ORDER TO UPDATE OUR DATA BASE WE ARE ASKING YOU TO COMPLETE THE FOLLOWING INFORMATION:

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL ADDRESS: _____

ALTERNATIVE PHONE: _____ HOW DO YOU PREFER TO BE CONTACTED? () MAIL () E-MAIL () PHONE

HOW DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY? _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

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WARNING: Participation in the "Aurora's Back to School Fair" may involve heavy lifting/stacking activities. All volunteers are responsible for taking the necessary precautions regarding their, or the safety of their own minor child or children.

On behalf of myself, and/or my minor child or ward, my/our successors, executors, administrators and/or assigns, including any one claiming by or on behalf of me/us, in consideration of the right to participate in the "Aurora's Schools Back to School Fair" and to use the facilities and equipment of the sponsoring entities and organizations, subject to the terms and conditions of this agreement, I agree as follows:

- 1) I recognize and acknowledge that there are certain risks of physical injury to participants performing various activities, and voluntarily agree to assume the full risk of and legal responsibility for any and all injuries, damages or loss, regardless of severity, including personal injury or death, and property damage that I or my minor child or ward may sustain as a result of said participation.
- 2) I do hereby fully waive, release, agree to indemnify, hold harmless and forever discharge Communities In Schools of Aurora, Inc., John Harkness Center, First Presbyterian Church, City of Aurora, including their officers, agents, insurers, and employees, from and against any and all claims, demands, and causes of action for injuries, damages, or loss of every nature arising out of my participation in the "Aurora's Back to School Fair" that I or my minor child or ward, or anyone claiming on my or our behalf, may have against the aforesaid sponsoring entities and organizations.
- 3) I execute this waiver and release of all claims agreement freely and voluntarily and for and on behalf of myself and/or my minor child and/or ward, and for anyone claiming under or through any of them, and for each of my or our or their respective heirs, administrators, executors, successors, representatives and assigns. If any provision of this agreement is found to be invalid or illegal by a court of competent jurisdiction, I agree that the remaining provisions shall be constructed as if the affected provision had not been included in order to effectuate the intent of the parties.

Participant's signature

Date

Parent signature required for children under 17

Date

FOR COMMUNITY SERVICE HOURS REPORTS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON REQUESTING COMMUNITY SERVICE HOURS: _____

NAME OF SUPERVISOR AND SUPERVISING AGENCY _____

ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS: _____