

Volunteer Application 2009

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address _____

(email will be our primary correspondence tool, unless you specify otherwise)

Emergency Contact & Phone: _____

Event Hours

Wednesday and Thursday 6:30 pm —8:30 pm

All volunteer reporting time varies depending on responsibility

(check all applicable days)

<input type="checkbox"/> JULY 1	<input type="checkbox"/> JULY 2	<input type="checkbox"/> AUGUST 5	<input type="checkbox"/> AUGUST 6
<input type="checkbox"/> JULY 8	<input type="checkbox"/> JULY 9	<input type="checkbox"/> AUGUST 12	<input type="checkbox"/> AUGUST 13
<input type="checkbox"/> JULY 15	<input type="checkbox"/> JULY 16	<input type="checkbox"/> AUGUST 19	<input type="checkbox"/> AUGUST 20
<input type="checkbox"/> JULY 22	<input type="checkbox"/> JULY 23	<input type="checkbox"/> AUGUST 26	<input type="checkbox"/> AUGUST 27
<input type="checkbox"/> JULY 29	<input type="checkbox"/> JULY 30		

(check all applicable)

<input type="checkbox"/> Volunteer Check-In	<input type="checkbox"/> Artist Hospitality	<input type="checkbox"/> Roving Raffle Ticket/Pin Sales	<input type="checkbox"/> Food/Beverage Server	<input type="checkbox"/> Merchandising Specialist
<input type="checkbox"/> Water/Ice Crew	<input type="checkbox"/> Production Crew	<input type="checkbox"/> Sound System Assistant	<input type="checkbox"/> Runners	<input type="checkbox"/> Office Volunteers
<input type="checkbox"/> Banner/Sign Setup/Teardown	<input type="checkbox"/> Publicity/Media Promotion	<input type="checkbox"/> Series Site Setup/Teardown	<input type="checkbox"/> Security	<input type="checkbox"/> Grounds Crew/Recycling
<input type="checkbox"/> Surveyor/Counter	<input type="checkbox"/> Brochure Distribution	<input type="checkbox"/> Community Information	<input type="checkbox"/> Event Photographer	<input type="checkbox"/> First Aid

FERRY GODMOTHER PRODUCTIONS

Aquanetta Wright, Executive Producer

PO Box 333

Vails Gate, NY 12584

Tel. 845.568.0198 email: FG@FerryGodmother.com

www.FerryGodmother.com or www.NewburghJazzSeries.com



Do you have any special certification (e.g.. CPR, Medical, etc) _____

Have you ever been convicted of a Misdemeanor or felony? _____

Are you over the age of 18? _____

Do you have any physical limitations of which we should be aware? _____

Please describe any special skills you may have (i.e. fluent in a language other than English, phone skills, etc) _____

Volunteer Code of Ethics of the Newburgh Jazz Series

1. All volunteers shall make every effort to present the Series in a positive way and shall not do anything to intentionally embarrass the series.
2. There shall be not use/consume alcohol while on duty on the Series site.
3. There shall be no use/consumption of illegal substances by any volunteer on the Series site.
4. All volunteers shall treat other volunteers, performers, staff, and the public with respect. If a problem arises, resolution should be deferred to Production Manager.
5. Volunteers shall make every effort to fulfill responsibilities as assigned.

Waiver of Release:

I hereby release, discharge and agree to hold **Ferry Godmother Productions, Incorporated** and it's sponsors and or partners harmless from any and all claims, liabilities, damages, losses, or expenses arising from or caused by any hazard, whether or not covered by insurance, resulting from or related to my vending activities at the Newburgh Jazz Series.

I have selected my dates and position/s of interest and I accept the Ferry Godmother Production, Inc volunteer guidelines and the waiver of release.

Sign Name: _____

Date: _____

Please complete, sign and forward to the address below:

FERRY GODMOTHER PRODUCTIONS, INC

Aquanetta Wright, Executive Producer

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Vails Gate, NY 12584