

It's Time for the 2017 Downtown Lake Charles Crawfish Festival! VOLUNTEER SIGN-UP FORM

Name _____ Age: 15-20 21 and Over

Type: Individual Family Group Group Name: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

Address _____ City _____ State _____ Zip _____

(Please provide address so that a Certificate of Appreciation may be mailed to you for your support and service.)

I am available as a volunteer on the following day(s) and time(s) as indicated below:

Saturday, April 1—Volunteer Orientation Meeting – 2:00 PM –Central Library, 301 West Claude Street			
Shift	Available	Not Avail.	ALL volunteers should plan to attend to hear more details about the event and learn what is expected for each area being covered.
2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	

Friday, April 7—Need Volunteers for Parade & Festival Activities			
Shift	Available	Not Avail.	Parade set-up/line-up/flow and ticket check-in, beverage booths and more!
4:00 pm – 7:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	
6:00 pm – 9:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	
8:00 pm – 11:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	

Saturday, April 8 – Festival Volunteer				
Shift	Available	Not Avail.	Assignments	Office Use Only
7:00 am – 11:00 am	<input type="checkbox"/>	<input type="checkbox"/>	Assist with festival set-up of booths, tables chairs and signs as well as vendor check-in and set-up	
10:00 am -- 2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	Multiple assignments - for gate opening at 11:00 am	
1:00 pm -- 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	Multiple assignments –see list	
4:00 pm -- 8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	Multiple assignments –see list	
7:00 pm – 12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	Multiple assignments –see list	

Sunday, April 9– Festival Volunteer				
Shift	Available	Not Avail.	Assignments	Office Use Only
9:00 am -- 12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	Complete physical close-out of festival	

Please indicate your first, second and third preference for assignment (make up to 3 choices):

	Beverage Distributor--Beer
	Beverage Distributor--Margarita
	Beverage Distributor--Sodas
	Beverage Ticket Sales
	Environmental
	Financial Runner
	Floater
	Ticket Entrance

	Greeter/Door
	Hospitality Suite
	Parade Volunteers
	Runner/Courier
	Set-up
	Stage Hand
	Entertainer Check-In
	Tear-down, Clean-up

	Treasurer/Financial Clerk
	Vendor booth Advocate
	VIP Area
	VIP Check-in
	Volunteer Check-in/Check-Out

I acknowledge that I am participating as a volunteer in this event. I recognize and understand that Movers and Shakers of the South has made every effort to insure a safe environment and setting for this event and that I have a role and responsibility as well. I will make every effort to maintain my own safety as well as the safety of others and exercise caution as I perform the duties to which I am assigned. I will report any potential or real safety hazards to the volunteer check-in station and/or other festival leadership as identified. I agree to abide by all the rules of this event and assume all risks associated, not limited to falls, accidents or contact with any participants; all such risks being known and appreciated by me.

In consideration of the foregoing, I, for myself, or heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Movers and Shakers of the South, volunteers, organizers and any individuals or organizations otherwise involved with the operation of this event for any and all claims, damages, demands, actions whatsoever which may arise as a result of my participation in this event. I grant to all foregoing the use of any photographs, any video or any other medium to record the event for any legitimate purpose.

I understand that my signature on this form is confirmation of my agreement to the fore-mentioned statements.

Signature _____ Date _____

If under 18, must show printed name and signature of parent/guardian below

Parent/Guardian Printed Name _____ Signature _____

Relationship _____ Phone: _____ Cell: _____

Questions? Call or text Catherine Thomas at (337) 419-6945 or send e-mail to: crawfestvols@gmail.com .