



# Recreation Department Special Event Volunteer Form



Become a Fan! Look for us under Mt Olive Recreation

Please indicate which events you would like to help with. There are many different kinds of tasks needed for an event, everything from soliciting sponsorships, preparing event programs or packets, event day set-up/clean-up, manning booths or activities, etc. We'll be glad to find the perfect fit for you!

## Special Events for 2012:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> PowerWheels Race Series 5/10, 17, 24, 31 | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Event Day    |
| <input type="checkbox"/> Fairy Festival 5/19                      | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Event Day    |
| <input type="checkbox"/> Mt Olive Week Carnival 7/10 - 15         | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Event Day(s) |
| <input type="checkbox"/> Regatta at Budd Lake Beach 7/21          |   | <input type="checkbox"/> Event Day    |
| <input type="checkbox"/> Bike Rodeo 9/29                          | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Event Day    |
| <input type="checkbox"/> Taste of the Highlands 10/18             | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Event Day    |
| <input type="checkbox"/> All Special Events                       | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Event Day    |

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
e-mail: \_\_\_\_\_ Cell: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Age:  Over 18  15 - 17 (Must be at least 15 years of age to volunteer)

### ***In case of emergency, we should contact:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/other phone: \_\_\_\_\_

Any medical conditions/medications we should tell to EMS: \_\_\_\_\_

Are there any restrictions on your activity?  No  Yes. If Yes, please explain:  
\_\_\_\_\_

Is there any specific area for which you would like to volunteer for this event? \_\_\_ Anywhere!

If yes, please specify: \_\_\_ Set - Up \_\_\_ Parking \_\_\_ Booth/table \_\_\_ Activities \_\_\_ Clean-Up

Other: \_\_\_\_\_

Please list your skills, talents or certifications that might be useful in your volunteer work with us:  
\_\_\_\_\_

As in any activity, there are inherent risks and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity. You will be called if there is a change in schedule.

**NOTE:** You will be informed of the exact time requirements when specific assignments are made.

**SIGNATURE:** \_\_\_\_\_

Signature of Parent/Guardian (required if under 18 years) \_\_\_\_\_

**Thank You!** Please return this form to **Mt. Olive Recreation, Attn: Jill**, at the address below as soon as possible, at least 2 weeks prior to the event. You will be contacted with a volunteer assignment.