



**Volunteer Application**

Please review and fill out the following:

**GENERAL**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

T-Shirt Size: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

School: \_\_\_\_\_

(If student)

**ROLE PREFERENCES**

\*General Access \* Venue Access \* Guest Services \*Hospitality

*(AMF will try to accommodate all requests. AMF reserves the right to determine final placements.)*

**1<sup>st</sup> Choice:** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_

**SHIFT AVAILABILITY**

Please let us know when you are **ABLE** to work.

<b><u>Saturday Hours:</u></b>	<b><u>6pm-10pm</u></b>	<b><u>9pm-2am</u></b>
<b>Saturday 18th</b>		
<b><u>Sunday Hours:</u></b>	<b><u>12pm-4pm</u></b>	<b><u>3pm-8pm</u></b>
<b>Sunday 19th</b>		

Please be advised that you will need to be available for a Volunteer orientation to be held Wednesday April 15<sup>th</sup> at 6:00p.m. on the festival grounds.

**EXPERIENCE/ABILITIES**

List previous volunteer experience and please give a description of the duties.

_____
_____
_____

Please note other skills, hobbies or special interests that make you a good volunteer candidate.

_____
_____
_____

Do you have any medical conditions that would prevent you from doing certain tasks?

\_\_\_ Yes \_\_\_ No

If yes, please describe:

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Why do you want to volunteer?

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Any additional comments you have regarding your volunteer role:

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\_\_\_ I might be interested in a leadership position, please have someone contact me.

**I understand and agree to the following terms:**

- ❖ I am at least 18 years old
- ❖ I understand that volunteer work receives no monetary compensation.
- ❖ I understand that failure to perform my duties as expected/required may result in dismissal from the Volunteer Program.
- ❖ I will complete my festival volunteer assignment in a satisfactory way (report on time for shifts, staying the entire shift, wearing assigned volunteer identification during shift, respecting other volunteers, staff, performers and patrons of the festival).
- ❖ **I understand that use of alcohol and controlled substances before and while on duty am strictly prohibited. Violators will be subject to immediate dismissal from the Volunteer Program.**
- ❖ I agree to indemnify and hold the McAllen Chamber of Commerce, its employees and affiliated partners harmless from any and all loss claims, actions, damages and expenses.
- ❖ I agree to allow my photograph to be taken during volunteer activities for promotional purposes.
- ❖ Notice: We will be filling volunteer positions from November 2008 to March 2009. Thanks for your patience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Volunteer Application:**

**Email:** [catiahernandez@aol.com](mailto:catiahernandez@aol.com)

**Or Fax:** 956-631-8571

**Or Mail:** Another Music Festival, P.O. Box 790 McAllen, TX 78505-0790

**Or Drop off:** McAllen Chamber of Commerce, 1200 Ash Ave., McAllen, TX 78501

