



28TH ANNUAL
SKOKIE FESTIVAL OF CULTURES
SATURDAY & SUNDAY MAY 19 & 20, 2018
VOLUNTEER APPLICATION



(Please complete both sides of application.)

Please return forms to: Skokie Festival of Cultures Volunteer Committee, c/o Amanda Hanson, Skokie Park District, 9300 Weber Park Place, Skokie, IL 60077 or fax completed forms to Amanda Hanson, (847) 674-8958. If you have questions about volunteering, please call (847) 674—1500 ext. 3020 or e-mail ajhanson@skokieparks.org.

Name: _____

Age: _____ (must be at least 18 years of age or older; if under 18 and of high school age, may volunteer with parental approval.)

Home Phone: _____ Cell/ Work Phone: _____

Address: _____

City: _____ Zip: _____ E-mail: _____

Emergency Contact's Name and Phone Number:

Do you require a certificate of recognition for volunteering (Please circle one): YES or NO
Do you need your volunteer hours listed on your certificate (Please circle one): YES or NO

How did you learn about volunteering opportunities at the Festival (i.e. newspaper, school announcement, a friend/relative, poster, etc.)?

I am available to volunteer the following days/hours (3 hour time slots are preferred):

_____ Saturday, May 19, 2018 (anytime between 11 a.m. and 7 p.m.)

Hours: From _____ To _____

_____ Sunday, May 20, 2018 (anytime between 11 a.m. and 7 p.m.)

Hours: From _____ To _____

If you volunteer for a minimum of 3 hours you may receive a free T-shirt (while supplies last). Indicate your preferred size (all sizes are adult: S - 2XL). _____

Please note any requests with regard to your volunteer participation (i.e. specific time of availability, cannot be in the sunlight, need to be seated, do not wish to work with money, preferred activity, etc.):

If you have a friend who would also like to volunteer, please feel free to give them a copy of the application to complete. If you would like to work together please indicate below and we will attempt to fulfill your request if possible.

If you have any questions about the Festival or wish to become involved to a greater degree, please call Jon Marquardt (Skokie Park District) at (847) 674-1500, ext. 3520.

SKOKIE FESTIVAL OF CULTURES

VOLUNTEER WAIVER FORM

The Skokie Festival of Cultures Planning Committee welcomes you as a volunteer at the 28th Annual Skokie Festival of Cultures. This promises to be a fun and worthwhile event and we thank you for your participation in making the weekend a success.

Volunteers must recognize that the Skokie Festival of Cultures is an open-air outdoor festival event. Therefore, there is an inherent risk of injury from crowd traffic, uneven ground surfaces, insects, weather conditions and other festival related activities. The Skokie Festival of Cultures Planning Committee continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that have been designed to protect their safety. I understand that volunteer positions for the Skokie Festival of Cultures may involve long periods of standing or walking. In most cases, seating will be available if needed during any time of your volunteer hours.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any festival/recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand and depending upon the activity, certain risks, dangers and injuries due to the acts of God, inclement weather, slipping, falling, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other, circumstances inherent to festival/recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Skokie Festival of Cultures Planning Committee to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and volunteering for this festival/recreational activity/program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result in participating in any and all activities connected with and associated with your volunteer services (including transportation services, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this festival/recreational activity/program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this festival/recreational activity/program against the Skokie Festival of Cultures, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties.")

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

Criminal Background Disclosure: Pursuant to Public Act 100-0472, park districts in Illinois are prohibited from knowingly engaging the service of a volunteer who has been convicted of or found to be a child sex offender.

Have you been convicted of or found to be a child sex offender?

Please check yes or no: Yes _____ No _____

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

VOLUNTEER'S NAME:

(please print)

VOLUNTEER'S SIGNATURE:

If 18 and over, please sign here:

Date: _____

If under 18 years of age, parent's signature is required.

PARENT'S NAME:

(please print)

Date: _____

Parent's Signature

Please Note: Volunteer participation will be denied, if the criminal background disclosure question is not answered.

Participation will also be denied if the waiver above is not signed and dated by the volunteer, or parent/legal guardian in the case of a volunteer being under age 18.