

# 2011 TRI-CITY WATER FOLLIES VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Committee: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Emergency contact while on duty: \_\_\_\_\_ Phone #: \_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies/medical information medical personnel should be aware of: \_\_\_\_\_

Are you a part of volunteer organization (civic, school, church or sports club, etc.)?  Yes  No

If yes, name of organization: \_\_\_\_\_

***I understand that I am responsible for my own safety during this event and agree to the policies established by the Tri City Water Follies Association (as posted in the Pit Trailer).***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2011 TRI-CITY WATER FOLLIES MINOR CONSENT TO VOLUNTEER

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to participate in volunteer activities for the Tri-City Water Follies Association. The Tri-City Water Follies Association believes in hosting a safe event and encourages community volunteerism and participation. We strive to provide as safe an environment for volunteers as possible and expect that parent and child understand that risk exists and to act safely. I agree to the schedule my child is to work and understand that transportation will not be provided.

\_\_\_\_\_  
Print clearly first and last name

\_\_\_\_\_  
Relationship (mother, father)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I consent for my child, as named above, to receive medical attention if needed while volunteering for the Tri-City Water Follies Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date