

Volunteer Application Form

Please complete this form in as much detail as possible and return it together with your CV resume to:

CENTER OF THE WORLD FESTIVAL, INC. (COWFEST)  
P.O. Box 1929  
Frazier Park, CA 93225-1929

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TEL #: (Daytime): \_\_\_\_\_ (Night): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

DO YOU CERTIFY THAT YOU ARE 18 YEARS OF AGE?: \_\_\_\_\_  
(No volunteers are accepted under 18 years of age)

What length of placement are you looking for (give minimum and maximum if applicable) and how many hours would you like to commit per week?

I'd like to be a volunteer for \_\_\_\_\_ weeks/months.

I'd like to volunteer for a maximum of \_\_\_\_\_ hours per week.

I am available to volunteer from \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_.

I can volunteer at the following times on the following days (please write in the times you are free each day. If the times you are free vary, please indicate which days are usually best for you.)

Morning, Afternoon, Evening

Mondays: \_\_\_\_\_

Tuesdays: \_\_\_\_\_

Wednesdays: \_\_\_\_\_

Thursdays: \_\_\_\_\_

Fridays: \_\_\_\_\_

Saturdays: \_\_\_\_\_

Sundays: \_\_\_\_\_

Please answer: why you would like to volunteer for this Festival and what you expect from it:

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Please answer: give details of your knowledge and skills of office administration:

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Please answer: give brief work and/or volunteering experience which meets needs of the Festival:

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Please answer: give brief educational details and other important qualifications:

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Please answer: Is there any other relevant experience you wish to detail (e.g., clubs, hobbies, special interests, arts activities, etc.):

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Please answer: Do you have any medical conditions or require medication regimes about which you feel we should know, or which may affect your ability to perform the duties requested of volunteers:

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Please provide two personal references who can be emergency contact numbers as well for you:

#1

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Tel #'s (Day): \_\_\_\_\_ (Night): \_\_\_\_\_ (Cell): \_\_\_\_\_

#2

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Tel #'s (Day): \_\_\_\_\_ (Night): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please indicate the kind of volunteer work you are interested in performing. Please read descriptions in Volunteer Information Packet. Check as many as applies:

- ADMINISTRATIVE ASSISTANCE
- ASSISTANT WORKSHOP FACILITATOR
- FESTIVAL MARKETING TEAM
- FESTIVAL PUBLICITY TEAM
- FESTIVAL HOSPITALITY TEAM
- THEATRICAL STAGE AND RECORDING TEAM
- MERCHANDISE SALES TEAM
- DRIVERS & SITE MAINTENANCE
- TICKET TAKERS & USHERS
- FESTIVAL AFTER-PARTY
- STATISTICAL SURVEY TEAM
- OTHER: please describe: \_\_\_\_\_

DECLARATIONS:

I have read and understand and accept the terms of conditions of the Volunteer Agreement .

I give permission to COWFEST to obtain information regarding my previous volunteer and/or work experience.

I certify that the facts set forth in this Volunteer Application are true to the best of my knowledge.

I understand and agree that COWFEST may refuse volunteer applications for any reason, and that I may not be told those reasons.

I understand that COWFEST may terminate the volunteer relationship at any time with or without notice and with or without cause.

When I stop being a volunteer for COWFEST for any reason, or upon COWFEST's request at any time, I will promptly return all of the Charity's supplies, equipment, records, monies, and other items in my possession in good, clean condition.

I understand that I have the option of refusing to perform any work task which I feel may be unsafe or have the potential for personal harm, and that it is my responsibility to make such a determination.

I understand that COWFEST provides limited accidental liability coverage to volunteers, but provides no other medical, retirement, or other types of insurance plans for volunteers. I agree to provide my own personal medical insurance to cover medical expenses for any medical problem which falls outside of this limited liability insurance coverage.

I understand that failure to comply with the Volunteer Agreement and the policies described in that Volunteer Agreement will result in discontinuation of my role as a volunteer.

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signed on behalf of COWFEST:

\_\_\_\_\_  
COWFEST Representative

\_\_\_\_\_  
Date