



Dickinson Little Italy Festival TEEN VOLUNTEER APPLICATION

Full Name: _____ Age: _____
 Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 School Name _____ Grade _____

Thank you for your interest in helping the Dickinson Little Italy Festival. Please list your reason(s) you want to volunteer with our organization (i.e. service hours for school, honor society, other):
 _____ Interest: Set up; Safety; Singing; Play Instrument; Assist aged disabled; children; reading; sanitation/clean up; food service:_____

VOLUNTEER AGREEMENT

The Dickinson Little Italy Festival or its representatives will not be liable for injuries sustained by me (volunteer), or any other person as a result of my action, or the action of others. GUARDIAN AND APPLICANT, ON SIGNING THE AGREEMENT EXPRESSLY RELEASE, HOLD, KEEP, SAVE HARMLESS AND INDEMNIFY THE FOREGOING PERSONS AND ENTITIES, NAMED ORGANIZATIONS AND COMMITTEES, ITS DIRECTORS AND OFFICERS, AND INDIVIDUALS FROM AND AGAINST ALL CLAIMS FOR SUCH AS LOSS, DAMAGE, OR INJURY. GUARDIAN AND APPLICANT ACKNOWLEDGES having read, understood, and will comply with the terms and conditions of this Agreement as set forth in this document.

Volunteer Name (printed): _____
 Volunteer Signature: _____
 Parent Signature (if volunteer is under 18): _____

EMERGENCY INFORMATION

In case of emergency, please notify: _____
 Relation to you: _____ Phone : _____
 Address: _____ City/State: _____ Zip: _____

PARENT/GUARDIAN CONSENT I give my child, _____, permission to serve as a volunteer with the Dickinson Little Italy Festival.

Parent/Guardian Name (printed): _____ Date: _____
 Parent/Guardian Signature: _____

Contact: Chrystal Smith csmith@dickinsonisd.org or chrystalmith1@aol.com
millerservices123@gmail.com OR Debbie Flores dflores2902@gmail.com 281-705-9286