



Breakfast With Bunny

Volunteers for Sat., March 24, 2018



Contact: Maureen Swinbank at (925) 373-5765

Volunteers 13 and over

Return bottom portion by Wed., March 13, 2018

With Agreement Form (13-17 yrs. old)

Print Name _____

Please Print Clearly

Address _____

House Number & Street City Zip Code

Phone/Cell # _____ **Adult** _____ **Youth** _____

Email _____

_____ Yes, I have received a fingerprint clearance from LARPD.

Volunteer shifts vary based upon assignments.

Volunteers will be asked to arrive *anywhere from 7:50- 8:45 am and stay until 11:30 am.* Volunteers will assist with crafts, food and beverage service, egg hunt set-up, and event clean-up. Event held at the Robert Livermore Community Center, 4444 East Ave. Livermore, CA.

**(Special Event Volunteers-Under 18)
Agreement Form**

1. This completed and signed form **MUST** accompany each volunteer to the activity/event.
2. A **separate form** is needed for **each activity**.
3. LARPD requires all participants to have a form on file with the volunteer coordinator for each event.
4. Volunteers **must be 13 years of age or older.**

***PLEASE PRINT CLEARLY!**

Name of Event: Breakfast with Bunny **Date:** Sat. March 24, 2018

Participant's Name: _____ Date of Birth ____/____/____

Address _____ City _____ Zip _____

Gender **M** **F** (circle one) Age _____ Grade _____ School N/A

Home Phone: _____ Work Phone: _____ Cell Phone _____

Activity # N/A Activity Name N/A Activity Date(s): N/A

EMERGENCY PHONE # _____ Name of EMERGENCY contact _____

Doctor's Name _____ Insurance carrier/~~number~~ _____

Special Medical conditions (allergies, etc.) _____

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the Agreement, and Release on his/her behalf. I state that said minor is physically able to participate in-said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Print Name _____ Relationship _____
(Parent /Guardian)

Signature _____ Date _____

This form must be completed and returned to the volunteer coordinator or the volunteer CANNOT BE ALLOWED TO PARTICIPATE in the event until it is completed and signed by a parent/guardian.

(parents/guardians initials) I understand photos of volunteers may be taken at this event to be used for LARPD publicity.

****This form must be filled out if you do NOT have a fingerprint clearance on file with LARPD.***