



Livermore Area Recreation and Park District
 4444 East Avenue, Livermore, CA 94550
 925.373.5700 LARPD.ORG

VOLUNTEERS NEEDED

Must LOVE Dogs!!

DOGTOBERFEST

(a festival celebrating dogs on World Animal Day)

Sunday, October 14, 2018

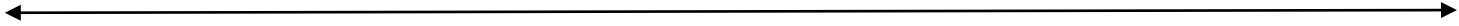
11am - 3 pm



Contact Maureen:
 925-373-5765 or mshwinbank@larpd.org
 Fax: 925-960-2457

Return bottom portion by September 28, 2018

LARPD Volunteer Program, 4444 East Avenue, Livermore, CA 94550



LARPD DOGtoberfest Volunteer Sign-up Form

Print Name: _____

Address: _____
 House Number, Street, City, ZIP

Phone/Cell Number: _____

Adult _____ Youth 16+ _____ (*Must already be 16 years old to volunteer*)

Email Address: _____

_____ Yes, I am enrolled in the LARPD Volunteer Program with fingerprint clearance.

_____ No, I do not have an LARPD fingerprint clearance.

*** Please select shift(s) you would like to volunteer: ***

_____ 10:30am -12:30pm - **General Volunteer** (*Check in, vendor or demo assistance, runner, info booth*).

_____ 12:30 - 2:30pm - **General Volunteer** (*Check in, vendor or demo assistance, runner, info booth*).

_____ **12:30 - 1:30pm - World Record Steward** - *Must be comfortable around dogs, help organize dogs and owners for Guinness Book of World Record official attempt for Most Dogs Wearing a Bandana.*

_____ **2:30 - 4:30pm - Clear and Take Down event**



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Special Event Volunteer - Under Age18 Agreement Form

1. This completed and signed form **MUST** accompany each volunteer to the activity/event. Print clearly
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 16 years of age or older***

Name of Event: Dogtoberfest Date: Sunday, October 14, 2018

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

Address _____ City _____ Zip _____

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

Home Phone: _____ Cell Phone _____

Activity # _____ Activity Name _____ Activity Date(s): _____

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 the _____ 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 ccompleted and signed by a parent/guardian and returned to the volunteer coordinator or the volunteer WILL NOT BE ALLOWED TO PARTICIPATE in the event.

_____ (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.*