



# VOLUNTEERS NEEDED

## Must Love Dogs

# DOGTOBERFEST

(a festival celebrating dogs on World Animal Day)

**Sunday, October 15, 2017**

**11am-3 pm**

Contact Maureen:

925-373-5765 or [mswinbank@larpd.org](mailto:mswinbank@larpd.org)

Fax: 925-960-2457



**Return bottom portion by October 6, 2017**

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

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

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

\_\_\_\_\_ **11:30 am-12:30 pm 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 - 4:30 pm Clear and Take Down event**



## (Special Event Volunteers-Under 18) 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: Sun., October 15, 2017**

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender **M** **F** (circle one)    Age \_\_\_\_\_\*    Grade \_\_\_\_\_    School \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work 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-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.*