



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

Fax: 925-960-2457



Return bottom portion by September 29, 2017

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 -12:30 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.*