CAMARILLO ART & JAZZ FESTIVAL
IN PARTNERSHIP WITH ADVANCED MOTION CONTROLS

Camarillo Art & Jazz Festival

VOLUNTEER INFORMATION FORM

Please Print

Volunteer name: _____

Parent (if minor): _____

Address: _____ Phone: _____

City: _____ Zip: _____

Email: _____ Cell: _____

How did you hear abut us? _____

Please indicate the times you would be willing to volunteer for and check times below that you are able to work so that we may schedule your shifts according to your availability.

Friday 8/28
- ☐ 3:00 - 6:00 p.m.

Saturday 8/29
- ☐ 8:00 - 11:00 a.m.
- ☐ 10:00 a.m. - 1:00 p.m.
- ☐ 12:00 - 4:00 p.m.
- ☐ 1:00 - 5:00 p.m.
- ☐ 3:00 - 8:00 p.m. (at concert)

Sunday 8/30
- ☐ 8:00 a.m. - 12:00 noon

Are you available before Festival for assistance with pre-festival activities, special projects or office help?

☐ Yes ☐ No

Volunteer positions you are interested in:

Box Office
- ☐ Ticket sales
- ☐ Distribute Posters

Hospitality
- ☐ Artist/VIP liaison
- ☐ Special Projects
- ☐ Phone calls to volunteers
- ☐ Able to lift 10lbs or more

Festival Production
- ☐ Usher or security
- ☐ Set up or strike venues
- ☐ Stage help
- ☐ Program distribution
- ☐ Evening clean up
- ☐ Sunday clean up

Please list any experience, skills, training or interests you would like to share: _____

_____

I understand that Camarillo Art & Jazz Festival engages ____ me ____ my minor child as an independent volunteer and does not establish any other relationship between myself/my minor child and the Camarillo Art & Jazz Festival. I offer my/my minor child's service as a volunteer at my own risk and hold Camarillo Art & Jazz Festival and it's agents harmless from any claims for personal injury, wrongful death or property damage.

Camarillo Art & Jazz Festival and it's agents have my permission to authorize necessary medical treatment for myself or my minor child should it become necessary for my/my child's well being.

_____ _____ _____

Volunteer Signature | Parent or Guardian Signature if minor | Date

_____ _____ _____ _____

Emergency Contact | Phone | Insurance Carrier | Policy/Group #

Please fax or mail this form before August 10, 2009 to the fax number or address below, Attn: Volunteer Coordinator. You will recieve your shift assignment and instructions at the meeting August 27, 4:00 p.m. at the Camarillo Chamber of Commerce or by phone.

CAJF Volunteer Registration • 2400 E. Ventura Blvd. • Camarillo, CA 93010 • 805-384-9542 or fax: 805-383-2228