

175TH ANNIVERSARY CELEBRATION VOLUNTEER FORM

March 30, 2019



For questions or concerns, please contact our Event Volunteer Coordinator.

Joe Reichel | CEP Director of Business Advocacy

E: joe@ocalacep.com | P: 352-629-8051 | C: 352-843-3784

CONTACT INFORMATION

1. Name (Print) _____
2. Phone Number _____
3. Email _____
4. Emergency Contact Name _____
5. Emergency Contact Phone Number _____

VOLUNTEER INFORMATION

1. Please select time-frame in which you are available to volunteer. Check all that apply.
 08:00 AM – 11:00 AM | 11:00 AM – 02:00 PM | 02:00 PM – 05:00 PM | All Day
2. Please select category interested in volunteering with. Check all that apply.
 Setup | Games | Guest Services | First Aid | Cleaning | Traffic | Anything
3. Shirt Size
 Small | Medium | Large | X-Large | 2X-Large
4. Skills/Comments (Optional)

On behalf of Marion County, we wish to thank you for giving your time to volunteer. By signing this application, you understand that you are under no obligation to volunteer, but do so freely and willingly.

Signature/Date

OFFICE USE ONLY

1. Volunteer will be utilized during the following time frame(s).
 08:00 AM – 11:00 AM | 11:00 AM – 02:00 PM | 02:00 PM – 05:00 PM | All Day
2. Volunteer will be assigned to the following assignment(s).
 Setup | Games | Guest Services | First Aid | Cleaning | Traffic | Anything

Signature/Date

Name/Title