Volunteer Form

Name:				
Phone Number:				
E-mail Address:				
Volunteer Classification: □ student or □ non-Student				
If Student, school/educational institution:				
If Non-Student, work affiliation/institution (write N/A if no affiliation, etc.):				
List any health or physical volunteer limitations:				

Availability and Preferences:

Day	Time (Check Availability)	Activity (Check Desired Activity(ies)
T (15 th)	8 am-9 am	Souvenir Bagging on Tuesday
W (16 th)	9 am – 10 am	Set Up on Wed.(all day)
T (17 th)	10 am -11 am	Assist Registration (begins W at 5 pm)
F (18 th)	11 am – 12 noon	Runner
S (19 th)	12 noon -1 pm	Moving Poster Boards
	1 pm – 2 pm	Greeter
	2 pm – 3 pm	Tech Assistance
	3 pm – 4 pm	Tag Poster Boards
	4 pm – 5 pm	Tear Down Saturday am)
	5 pm – 6 pm	
	6 pm – 7 pm	
	7 pm – 8 pm	
	8 pm – 9 pm	
	Other:	

Please check the day or days available, the times available and the desired volunteer activity(ies).

Volunteer Agreement

As a 2019 Midwest Regional Meeting volunteer, I understand that I am not an employee of the 2019 Midwest Regional Meeting and there will be no monetary compensation for my work.

I understand as a 2019 Midwest Regional Meeting volunteer I am not an agent of or authorized to transact business, enter into agreements, or otherwise make commitments on behalf of the 2019 Midwest Regional Meeting unless expressly authorized in writing by Arvin Cruz or Paul Rillema, co-chairs of the 2019 Midwest Regional Meeting

I am aware of all inherent risks involved in being a volunteer at the 2019 Midwest Regional Meeting. To the extent permitted by the law, I release and hold harmless the 2019 Midwest Regional Meeting, its officers, agents and employees of and from any and all liability, damage, or claim of any nature whatsoever arising out of or in any way related to my 2019 Midwest Regional Meeting volunteer work.

I will be responsible for my own transportation.

I understand I may be photographed or videotaped during the 2019 Midwest Regional Meeting event and I grant 2019 Midwest Regional Meeting a release for the use of such photos or tapes for promotional and other purposes.

I certify that I am in good health and good physical condition. If not, I have made known any limitations on the volunteer application.

I am at least 18 years of age.	
□ I Agree	

Return the form to Dorothy Hanna at <u>dahanna@kwu.edu</u> who will contact you regarding scheduling Volunteers' Activities.