



at Linda Pedersen Park  
**VOLUNTEER APPLICATION**

Please print:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Availability: Wednesday AM / PM Thursday AM / PM Friday AM / PM Saturday AM / PM Sunday AM / PM

Are you a student requiring service hours? ☐ Yes ☐ No

If yes please explain \_\_\_\_\_

Please Provide the President or Vice President a copy of any forms to be signed for you to receive your credit.

Certain Volunteer positions may require a background check.

Have you ever been convicted of a Felony, Domestic or Child related crimes ☐ Yes ☐ No

If yes, a convictions will not necessarily disqualify you from participation in the event and are subject to review by the Board of Directors.

**All Weeki Wachee Swamp Festival Inc. Board of Directors, Committee Heads & Members are volunteers and receive NO compensation for their part in the event or planning of the event.**

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Weeki Wachee Swamp Festival, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Weeki Wachee Swamp Festival its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Weeki Wachee Swamp Festival its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk and that I have read the foregoing terms and conditions of this release.

I agree to comply with Weeki Wachee Swamp Festival policies that every person served by Weeki Wachee Swamp Festival, has the right to privacy in all matters concerning their treatment. Any and all information concerning or identifying a client or former client is confidential and is not to be disclosed without proper authorization. I agree to abide by all festival rules and understand the Weeki Wachee Swamp Festival Board of Directors reserve the right to make the final interpretation of all rules. I also understand that any uncivil behavior or breach of professional decorum will be cause for immediate expulsion from the festival grounds.

Contact: Karen Lenhard at Phone: 352-263-3450 or

Email: [info@swampfestweekiwachee.com](mailto:info@swampfestweekiwachee.com)

Printed Name:: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature if volunteer is under 18

**For Official Use Only**

I have reviewed and approve this application

Date \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_