



VOLUNTEER!

PERSONAL INFORMATION

NAME : _____

STREET: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____ MOBILE PHONE: () _____

E-MAIL: _____ BIRTHDATE: _____

ARE YOU A U.S. CITIZEN? YES NO DRIVER'S LICENSE # _____

OCCUPATION (PRESENT/RETIRED): _____

SCHOOL (IF CURRENTLY A STUDENT): _____

PLEASE DESCRIBE ANY SKILLS, HOBBIES AND INTERESTS: _____

VOLUNTEER INFORMATION

PREVIOUS CELEBRATION OF CULTURES ASSIGNMENTS: _____

HOW DID YOU LEARN ABOUT CELEBRATION OF CULTURES? _____

DO YOU HAVE ANY PHYSICAL/HEALTH RESTRICTIONS THAT WE SHOULD CONSIDER WHEN MAKING YOUR VOLUNTEER ASSIGNMENT? YES NO

IF YES, PLEASE INDICATE: _____

OTHER THAN ENGLISH, DO YOU SPEAK ANY LANGUAGES? YES NO

IF YES, PLEASE LIST WHICH LANGUAGES AND INDICATE YOUR LEVEL OF FLUENCY

(FAIR, GOOD, VERY GOOD, EXCELLENT): _____

IN AN EMERGENCY, CONTACT:

NAME: _____ PHONE: () _____

ADDRESS: _____ RELATIONSHIP: _____

..... OVER

PLEASE CHOOSE UP TO FOUR JOBS YOU ARE INTERESTED IN AND **RANK** THEM 1 THROUGH 4 IN ORDER OF PREFERENCE, 1 BEING MOST PREFERRED.

PLEASE **CHECK** THE DAYS AND CORRESPONDING TIMES YOU ARE AVAILABLE. TIMES FOR MANY POSITIONS MAY BE SLIGHTLY ALTERED ACCORDING TO CHANGES IN PROGRAMMING.

(For festival schedule information, visit www.celebrationofcultures.org)

JOB / RANKING	DAY	PROJECTED TIMES
Set-Up	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> 12:00 noon – 5 pm <input type="checkbox"/> 6:30 am – 10:30 am
Tear Down	<input type="checkbox"/> Sunday	<input type="checkbox"/> 6 pm – 8 pm
Artist Check-In	<input type="checkbox"/> Saturday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 9 am – 2 pm <input type="checkbox"/> 1:30 pm – 6 pm
Volunteer Check-In/ Hospitality	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 12:00 noon – 5 pm <input type="checkbox"/> 6:30 am – 9 am <input type="checkbox"/> 9 am – 2 pm <input type="checkbox"/> 1:30 pm – 6 pm
World Market	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 12:00 noon – 5pm <input type="checkbox"/> 6:30 am – 10:30 am <input type="checkbox"/> 10:30 am – 2:30 pm <input type="checkbox"/> 2:30 pm – 6:30 pm
The Villages	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> 12:00 noon – 5pm <input type="checkbox"/> 6:30 am – 10:30 am
Stage Assistant/ Green Rooms	<input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 9 am – 2 pm <input type="checkbox"/> 1:30 pm – 6 pm
Children's Area	<input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 9 am – 2 pm <input type="checkbox"/> 1:30 pm – 6 pm
Information/ World Map	<input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 9 am – 2 pm <input type="checkbox"/> 1:30 pm – 6 pm
Symphony Shuttle <i>(at the Schermerhorn Center)</i>	<input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 9 am – 2 pm <input type="checkbox"/> 1:30 pm – 6 pm
Floaters <i>(will help replace staff during breaks, lunch or work areas as needed)</i>	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday <input type="checkbox"/> Saturday	<input type="checkbox"/> 12:00 noon – 5 pm <input type="checkbox"/> 6:30 am – 10:30 am <input type="checkbox"/> 10:30 am – 2:30 pm <input type="checkbox"/> 2:00 pm – 6:00 pm

The undersigned volunteer agrees to abide by all Celebration of Cultures rules and regulations. Permission is granted to this facility to investigate references perform a criminal background check, if needed. I release from liability or responsibility all persons, places of business, and municipalities supplying such information.

I certify the above statements are made truthfully and realize falsification may result in dismissal. I understand my volunteering will be subject to a satisfactory investigation report, satisfactory check of my references and my volunteering may be terminated by either party at will upon notice to the other.

SIGNATURE: _____ **DATE:** _____

IF UNDER AGE 18, PARENT SIGNATURE REQUIRED BELOW:

_____ **DATE:** _____

***Each volunteer will receive a special Celebration of Cultures T-Shirt.
Please indicate size so that we may prepare for you.***

- | | |
|---------------------------------|------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> XL |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 2XL |
| <input type="checkbox"/> Large | <input type="checkbox"/> 3XL |

ADULT PHOTO RELEASE FORM

I hereby consent to and authorize the use and reproduction, in print, by the Celebration of Cultures or anyone authorized by the Celebration of Cultures, of any and all photographs or video footage, in print, video or electronic format, which have been taken of me for any publicity purpose, without compensation.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name/Signature: _____ Date: _____

PHOTO RELEASE for Children Under 18 Years of Age

I hereby consent to and authorize the use and reproduction, by the Celebration of Cultures or anyone authorized by the Celebration of Cultures, of any and all photographs or video footage, in print, video or electronic format, which have been taken of my dependent for any publicity purpose, without compensation.

Dependent's Name: _____

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

Date: _____

Mail to: Kim Johnson
Scarritt Bennett Center
1008 19th Avenue South
Nashville, TN 37212