



Volunteer Application

First Name Last Name Birth Date

Phone Number Email Address

Address City State Zip

Project Name/Location Project Date

Name of Person to Contact in Case of Emergency Phone Number

Relationship

Yes, I would like additional information on volunteer opportunities at Weeki Wachee Swamp Festival.

Certain volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? Yes No If yes, explain:

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 and Weeki Wachee Springs State Park, 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 and Weeki Wachee Springs State Park, 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 and Weeki Wachee Springs State Park, policies that every person served by Weeki Wachee Swamp Festival and Weeki Wachee Springs State Park, 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.

Volunteer Signature

Date

Parent/Guardian Signature (required if less than 18 years of age)

Date

Print Parent/Guardian Name

Volunteer Coordinator
Karen Lenhard
(352) 597-9421
Email: lenhardkaren@yahoo.com