



VOLUNTEER INFORMATION FORM

PLEASE PRINT

Volunteer name _____ Parent (if minor) _____

Address _____ Phone _____ Cell _____

City _____ Zip _____ email _____ T-shirt size: **S M L XL XXL**

Please indicate if you are one of the following:

- High School Student College Student HELP of Ojai Volunteer Festival Women’s Committee

Please indicate the total number of shifts are willing to volunteer for **AND** check all times below that you are able to work so that we may schedule your shifts according to your availability.

Festival week:

- | | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Tue 6/3 | Wed 6/4 | Thurs 6/5 | Fri 6/6 | Sat 6/7 | Sun 6/8 | Mon 6/9 |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |

Are you available before Festival week for assistance with pre-festival activities or office help? _____

Volunteer positions you are interested in:

- | | | | |
|---|--|---|---|
| Box Office | Hospitality | Festival Production | Office Assistance |
| <input type="checkbox"/> Ticket sales | <input type="checkbox"/> Prepare welcome packets | <input type="checkbox"/> Usher or security | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Answer telephone | <input type="checkbox"/> Food or wine service | <input type="checkbox"/> Set up or strike venue | <input type="checkbox"/> Prepare mailings |
| <input type="checkbox"/> Distribute posters | <input type="checkbox"/> Artist/VIP liaison | <input type="checkbox"/> work in volunteer tent | <input type="checkbox"/> Special projects |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Help with parties | <input type="checkbox"/> Stage help | <input type="checkbox"/> Take ticket orders |

Please list any experience, skills, training, languages you speak, or interests you would like to share:

I understand that Ojai Festivals, Ltd. engages ___me ___my minor child as an Independent Volunteer and does not establish any other relationship between myself/my minor child and Ojai Festivals, Ltd. I offer my/my minor child’s service as a volunteer at my own risk and hold Ojai Festivals, Ltd. harmless from any claims for personal injury, wrongful death or property damage.

Ojai Festivals, Ltd. and its agents have my permission to authorize necessary medical treatment for myself or my minor child should it become necessary for my/my child’s well being.

Volunteer Signature **Parent or Guardian signature if minor** **Date**

 Emergency Contact Phone Cell Phone Insurance Carrier Policy/Group #

PLEASE FAX OR MAIL THIS FORM BEFORE APRIL 15th
 to the fax# or address below, Attn Volunteer Coordinator
 You will receive your shift assignment and instructions by mail in May