



loveCUBED Conference Volunteer Registration Form

Please fill out the following information to express your interest in volunteering for the loveCUBED Conference. Your support is crucial to the success of this transformative event. Thank you for your dedication!

Personal Information:

- Full Name: _____
- Address: _____
- City, State, ZIP Code: _____
- Email Address: _____
- Phone Number: _____
- Emergency Contact Name and Number: _____

Availability:

Please indicate your availability during the conference dates (Saturday, September 6, 2025):

- ☐ Full Day
- ☐ Morning Session Only
- ☐ Afternoon Session Only

Preferred Volunteer Role(s):

- ☐ Registration Assistance
- ☐ Event Logistics
- ☐ Information Desk
- ☐ Session Assistance
- ☐ Networking Support
- ☐ Any Role as Needed

Experience and Skills:

- Briefly describe any relevant experience or skills you possess that could contribute to your volunteer role:



Disclaimers:

1. Commitment:

- By submitting this form, you acknowledge your commitment to fulfilling the volunteer duties assigned to you during the loveCUBED Conference. Please notify the organizers in advance if there are any changes to your availability.

2. Liability Waiver:

- I understand that volunteering for the loveCUBED Conference may involve some physical activities, and I agree to release and hold harmless the organizers and sponsors and venue from any liability for injuries or damages that may occur during my volunteer service.

3. Photography and Recording:

- I consent to being photographed or recorded during the conference, and I agree that any images or recordings may be used for promotional purposes by the loveCUBED Conference organizers.

4. Confidentiality:

- I understand that as a volunteer, I may have access to confidential information and agree to keep such information confidential both during and after the conference.

Declaration:

I, _____, confirm that the information provided in this volunteer registration form is accurate and complete. I understand and agree to abide by the disclaimers mentioned above.

Signature: _____ Date: _____

Please return this completed form by Wednesday, August 13, 2025 to FindingYourExcellence@gmail.com. Thank you for your commitment to making the loveCUBED Conference a success!