



Marigold Day Volunteer Application

Purpose: To support the vision of the City of Williamstown events committee by offering a safe and hospitable experience for all Marigold Day guests.

**Please complete the entire application, and list at least two references.*

Name (First, Last) _____

Email: _____

Address: _____

City: _____ **Zip:** _____

Phone# _____ **Cell#** _____

(DOB) mm/dd/yy _____

Must be 18 years or older or have a parent or guardian permission ages 14 - 17.

Driver's License # _____

(Please provide a photocopy of your driver's license)

Emergency Contact Information:

Name: _____ **Phone:** _____ **Relation:** _____

Do you have any physical limitations? If so please explain:

Have you ever been convicted of a felony or arrested?

Reference Name: _____ **Phone:** _____ **Relation:** _____

Reference Name: _____ **Phone:** _____ **Relation:** _____

Event Availability: (Circle One) Full Day 8 Hours - Half Day 4 Hours

Desired Position: (Circle Two)

Parking - Parade Route - Security - Facilities - Kids Activities - Stage Hand
First Aid - Hospitality - Vendors - Set Up/Tear Down - Other: _____

Shirt Size: (Circle One)

Small - Medium - Large - Extra Large - Double Extra Large - Triple Extra Large

I _____ hereby affirm that the information provided on this application and any accompanying resume, if any, is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify my application and myself from further consideration for employment / volunteering and may be considered justification for dismissal if discovered at a later date. WAIVER I waive any right of privilege, privacy and / or confidentiality I may have in the information provided by reference or whom I have indicated may be contacted. RELEASE I hereby release any and all individuals, companies and organizations to provide requested dates to the City of Williamstown, Event Committee, Marigold Day and its affiliates, its agents and employees, so that it may verify the contents of this application. Furthermore I understand that this is an at my own risk unpaid volunteer position and I hold harmless the City of Williamstown and any of its affiliates in the event of any accident or injury during my volunteer service.

Signature: _____ **Date:** _____

Parent or Guardian if under 18: _____ **Date:** _____

Office Use Only

Thank you for completing this application,

All Participants: Will receive a T-Shirt, Bottled Water and Meal Vouchers.

Volunteer Training: Pizza Dinner & Training Friday, June 5, 6pm-8pm *Must attend a training session.

Event Date: Saturday, June 13, 3pm - 10pm (Set up 12-3pm Tear Down 10pm - 11pm)

Return Application to: City Clerk Office - City of Williamstown 400 N. Main St. Williamstown, Ky 41097 For more Info:(859)824-3633 www.MarigoldDay.org