



Florida MerCon 2024

VOLUNTEER APPLICATION

Please print:

Name: _____ Date of Birth _____

Address: _____ City/State: _____

Cell Phone: _____ Driver's License # _____

Email Address: _____

Name of Emergency Contact _____

Phone: _____ Relationship _____

Availability Friday AM / PM Saturday AM / PM Sunday AM / PM

please select preferred times: For convention speakers only Friday May 31st 10 AM 11AM 12PM 1PM 2PM 3PM

Please list what areas you would like to volunteer in _____

Saturday June 1st 10 AM 11AM 12PM 1PM 2PM 3PM

Sunday June 2nd 10 AM 11AM 12PM 1PM 2PM 3PM

Are you able to volunteer for "in tail" ? Yes No

Please list what areas you would like to volunteer in _____

(main meet and greet tent, front of festival, anywhere)

Are you a student requiring service hours? Yes No

If yes please explain _____

Please Provide a copy of any forms to be signed for you to receive your credit.

Certain Volunteer positions may require a background check.

Have you ever been convicted of a Felony, Domestic or Child related crimes Yes No

If yes, any convictions will not necessarily disqualify you from participation in the event and are subject to review by the event coordinators.

All Florida MerCon volunteers will receive NO compensation for their part in the event or planning of the event.

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 Florida MerCon I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Florida MerCon 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 Florida MerCon 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 Florida MerCon policies that every person served by Florida MerCon, 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. I agree to abide by all festival rules and understand the Florida MerCon Board of Directors reserve the right to make the final interpretation of all rules. I also understand that any uncivil behavior or breach of professional decorum will be cause for immediate expulsion from the festival grounds.

Contact: Amy Harper at Phone: 352-263-6038 or Email: Amy@floridamercon.com

For Official Use Only

I have reviewed and approve this application Date _____ Print _____

Signature _____

Pri

Printed Name: _____

Signature: _____

Date: _____