



VOLUNTEER APPLICATION

Return completed applications to:
Brittneymiller@cdrewu.edu

Full Name (Print or Type) _____

T-Shirt Size _____

Address _____ State _____ Zip _____

Telephone _____ Email _____

Emergency Contact Name _____ Phone _____

Status: Staff → Department _____ Supervisor _____

Student → College _____ Program _____

Faculty → College/Program _____ Research Department _____

Other → _____

(YOU MUST SELECT A DIFFERENT TIME FOR EACH CHOICE)

DESIRED SHIFT:	<u>First Choice</u>	<u>Second Choice</u>	<u>Third Choice</u>
	<input type="checkbox"/> 6:00AM - 11:00AM	<input type="checkbox"/> 6:00AM - 11:00AM	<input type="checkbox"/> 6:00AM - 11:00AM
	<input type="checkbox"/> 10:00AM - 3:00PM	<input type="checkbox"/> 10:00AM - 3:00PM	<input type="checkbox"/> 10:00AM - 3:00PM
	<input type="checkbox"/> 2:00PM - 7:00PM	<input type="checkbox"/> 2:00PM - 7:00PM	<input type="checkbox"/> 2:00PM - 7:00PM
	<input type="checkbox"/> 6:00PM - 11:00PM	<input type="checkbox"/> 6:00PM - 11:00PM	<input type="checkbox"/> 6:00PM - 11:00PM

2019 VOLUNTEER ROLES
 (Please check all areas of interest)

- | | |
|---|--|
| <input type="checkbox"/> Event Set-Up | <input type="checkbox"/> Box Office / Ticket Sales / Will Call |
| <input type="checkbox"/> Event Breakdown | <input type="checkbox"/> Ticket Taker (Gen'l & VIP Admission) |
| <input type="checkbox"/> Volunteer Check-In | <input type="checkbox"/> Marketplace / Concessions |
| <input type="checkbox"/> Vendor Check-In | <input type="checkbox"/> Merchandise & Souvenir Book Sales |
| <input type="checkbox"/> Artist Check-In | <input type="checkbox"/> Information Booth / Lost & Found |
| <input type="checkbox"/> Sponsor Relations | <input type="checkbox"/> Event Runner |

If you are a returning volunteer,
 please write your previous
 volunteer role:

PARTICIPATION: I request consideration to participate as a volunteer at the 2019 Jazz at Drew festival. I hereby understand that the scope of the Volunteer's relationship with CDU is limited to a volunteer position and that no compensation is expected in return for services provided by me; that CDU will not provide any benefits traditionally associated with employment to me; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services to CDU.

Name _____ Signature _____ Date _____

All applications must be submitted by: September 20, 2019.