Autism Awareness Festival & 5k Trail Race
Volunteer Registration Form
Saturday, April 29, 2017
Dayspring PCA, 1045 Hwy. 41 South
Forsyth, Georgia 31029

Please type or print clearly:

Name: _____

Gender: ☐ Male ☐ Female Age: _____ Date of Birth (*mm/dd/yyyy*): _____

Do you already have an Autism Awareness Festival volunteer shirt (given out last year)? ☐ Yes ☐ No

If not, what is your t-shirt size? (unisex adult sizes only) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Anchor of Hope's primary method of communication is **email**. However, in case of an urgent message, what is the most reliable way to contact you?

☐ Email ☐ Phone call ☐ Text ☐ Facebook

Have you volunteered for Anchor of Hope Before? If yes, please specify when and where:

Please list any special skills or experience that may be applicable:

For each time slot shown below, please indicate the area(s) in which you would like to volunteer. By choosing an area in the giving time slot, you are telling us that you are available during that time, so CHOOSE CAREFULLY! Note that certain areas are only available during certain time periods.

- Thursday, April 28th from **4:00 – 9:00 pm**: ☐ Set-Up
- Friday, April 29th from **12:00 – 6:00 pm**: ☐ Set-Up
- Friday, April 29th from **6:00 – 9:00 pm**: ☐ Set-Up
- Saturday, April 30th from **5:00 – 8:00 am**: ☐ Set-Up ☐ Parking ☐ Registration ☐ Water Stations ☐ Any Area

(continued)

- Saturday, April 30th from **8:00 – 10:00 am**: ☐ Parking ☐ Registration ☐ Inflatables ☐ Crafts ☐ Games ☐ Any Area
- Saturday, April 30th from **10:00 am – 2:00 pm**: ☐ Parking ☐ Inflatables ☐ Crafts ☐ Games ☐ Any Area
- Saturday, April 30th from **2:00 – 4:00 pm**: ☐ Clean-Up

VOLUNTEER MEETING

All volunteers for the Race and the Festival are **required** to attend a volunteer meeting on either Thursday, April 27th at 7:00pm or Friday, April 28th at 6:00pm for instructions specific to their assigned area. All volunteers need to arrive on Saturday at least **10 minutes prior** to the time period for which they have committed to help.

I will be attending the mandatory volunteer meeting on:

☐ Thursday, April 27th at 7:00 pm ☐ Friday, April 28th at 6:00 pm

I certify that I have answered the above questions truthfully and have not withheld any information relevant to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of volunteer relationship. I will abide by the rules and policies of Anchor of Hope Foundation. I understand that volunteer placement can be terminated at any time, with or without cause, and with or without notice, at the option of Anchor of Hope Foundation or myself. Anchor of Hope Foundation's programs recognize and insist that all clients, volunteers and caregivers' rights to confidentiality must be fully protected. Therefore, I hereby agree to keep all medical and personal information regarding program clients and their families or guardians confidential. I will not discuss such information with my family, friends or casual acquaintances or use in written form any identifying information such as name, birth date, distinguishing characteristics or description of the child/participant. In the consideration of the permission granted by Anchor of Hope Foundation for me to participate in activities associated with Anchor of Hope Foundation, I hereby release and waive any and all claims which could be asserted against Anchor of Hope Foundation or Dayspring Presbyterian Church, and their officers, agents and employees (the "Released Parties") by me, my personal representative, heir(s), on account of my injuryor death, or damage to my property arising out of my participation in activities associated with Anchor of Hope Foundation. By typing my name below I signify it as my legal signature.

Volunteer's Signature: _____ Date: _____

Parent/Legal Guardian's Signature (if under 18): _____

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