VOLUNTEER SERVICES APPLICATION

(Please return to Volunteer Services: volunteerservices@carodeo.com)

PLEASE CHECK ONE:

I am...

- ☐ Looking to earn Community Service Hours
- ☐ An adult volunteer not currently on Committee

_____/_____/_____

First Name MI Last Name

_____/_____/_____/_____

Street Address City State Zip Code

_____/_____/_____

Cell Phone Number Home Number Email Address

Birthday: ___/____/___ Are you a student seeking community services hours? YES / NO (Please circle one)

If so what High School are you attending? _____ Year Graduating? _____ School ID#_____

Note here if you have been recruited to work in a specific area by (name of person) _____

Do you have Alcohol Beverage Certificate (ABC) and are you able to pour and / or service alcohol? If yes Year attended _____.

Hereby certify that in consideration of acceptance of this application, I release and hold harmless the California Rodeo Inc., the City of Salinas, and the officers, members, sponsors, employees, agents or affiliates thereof, and each of them, of and from all and every claim for damages which may accrue to me at any time hereafter, in favor myself, my heirs, representatives, or dependents, against said California Rodeo Inc., it's officers and members, or any of them, by reason of injury, loss or damage which may be suffered by me to them of any of them because of any matter, thing or condition, negligence or default, whatsoever, and we hereby assume and accept the risk and danger of any hurt, thing, condition, negligence or default, of any persons whatsoever, in the exhibitions, sports, contest or parades, or at the first-aid station of any of them held or given by or under the direction of said California Rodeo Inc.

_____/_____/____ _____

Signature **Date** **Printed Name**

_____ _____

Signature of Parent or Guardian if Minor **Printed Name**