



To volunteer, print out, complete and mail/fax the following form to the Festival Office to:
 202 East McDowell Rd, Suite #131, Phoenix AZ 85004
 Phone: 602-412-1525 Fax: 602-412-4457 Email: volunteer@aaa-us.com

Volunteer Application

PERSONAL INFORMATION

First Name:	Last Name:
Address:	City: Zip Code:
Phone (Cell):	Phone (Home):
Emergency Contact (Name):	E-mail:
Emergency Number:	T-shirt size: (circle one) M L XL 2XL

Age: 14-17 18-35 36-54 55+

VOLUNTEER BACKGROUND

Have you ever volunteered with The Arab American Festival before? Yes No

Volunteer experience: _____

Do you have any relevant skills (First Aid, Languages spoken, production work)?: _____

If you have a preference, please note the area(s) in which you would like to volunteer

- Poster/Flyer Distribution Public Relations Magazine Advertisement Sales Concierge
 Parking/Security Vendor Circle Site Set Up/Tear Down Stage Manager Assistant
 Merchandise Booth Information Booth Raffle Ticket Sales Other (specify) _____

INDICATE AVAILABILITY

You will be scheduled within the times you choose. You must volunteer a minimum of 2 shifts. (each shift 4 hours)

Are you available to volunteer before the Festival begins? If so, please indicate when.

Note: Shift times and volunteer benefits may vary depending on your work area.

Volunteer Waiver: I do hereby release, discharge and agree to hold THE ARAB AMERICAN FESTIVAL, it's organizers and any and all participating organizations harmless for any and all claims, liabilities, damages, losses, or expenses arising from or caused by any hazard, whether or not covered by insurance, resulting from or related to my volunteer activities with THE ARAB AMERICAN FESTIVAL.

 PRINT NAME

 SIGNATURE

 DATE

Volunteers 14 – 18 years of age Please have parent or guardian sign consent:

I _____ agree to allow _____ to volunteer for the 2009 Arab American Festival
print name of parent/guardian print name of volunteer

Signature _____ Date _____