



ORGANIZATION OF WOMEN OF THE AMERICAS (OWA)

“17th Annual Food Festival of the Americas” May 17, 2015

VOLUNTEER APPLICATION/ LIABILITY RELEASE FORM

Name: _____

Address: _____

E-mail: _____ Phone: _____

Organization/School/University/Mission: _____

In which area would you like to volunteer?

- | | | |
|---|--|--|
| <input type="checkbox"/> Check-In and Information Desk | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Event Set-up |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Event Take-down |
| <input type="checkbox"/> First Aid Service | <input type="checkbox"/> Ticket Sales (food, raffle) | <input type="checkbox"/> Support to Missions |
| <input type="checkbox"/> Clean Up (Pre, during, post Event) | <input type="checkbox"/> Volunteer & Staff Support | |

Volunteer Shift: Please tick the most convenient

- | | |
|--|---|
| <input type="checkbox"/> 8:00 am – 11:00 am (Set-up) | <input type="checkbox"/> 10:00 am – 1:00 pm |
| <input type="checkbox"/> 12:30 pm – 4:30 pm | <input type="checkbox"/> 4:00 – End (Clearing up) |

T-Shirt: Volunteers will be provided with a T-shirt, so please indicate your T-Shirt Size
Small Medium Large X-Large

In consideration of the acceptance of my registration, I, for myself, my executors, administrators, and assigns do hereby forever release and discharge the Organization of Women of the Americas, and each of their agents, employees, sponsors, affiliates, and subsidiaries from any and all claims, damages, demands, and actions in any manner arising out of my participation in any activity or event relating to the **17th Annual Food Festival of the Americas**. I attest and verify that I have full knowledge of the risks involved in this activity/event and that I am physically fit and sufficiently trained to participate in it. I hereby grant to the **Committee of the Organization of Women of the Americas** full permission to use any and all pictures, recordings, images, or other records of this event, including my participation in it, for any legitimate purpose without compensation or remuneration to me.

Signature of volunteer or parent/guardian, if under 18 years of age

Date

For more information contact:

Lisa Vasciannie
Food Festival Volunteer Committee Chair
Organization of Women of the Americas
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