Fill out and return to tailcreekvolunteers@gmail.com

TAIL CREEK MUD & MUSIC FESTIVAL VOLUNTEER FORM 2020



Name:Address:		DOB:			
Are you volunteering with a grou Organization Name: Do you have any past volunteer e			ofit? Y/N	· 	
Please list any skills, qualification accordingly.	us or certificates that	you have s	o we can p	lace you	
Do you have any physical/health	restrictions? Y/I	N			
Do you have any allergies? Y	//N				
Days/Times available for the event: (Please note that morning, afternoon and late shift times vary for each position. These are just estimated and may be starting or ending earlier or later then what is listed). AM PM LATE (Please circle, must do at least ONE late shift, totalling 3 shifts)					
THURSDAY FRIDAY SATURDAY SUNDAY MONDAY (Clean up only) Please understand that we have r accommodate special requests. W	□ □ □ □ □ many positions to fill Ve will be placing ind	7-3 2-1 7-3 2-1 7-3 2-1 and that w	0 9-3 0 9-3 0 9-3 0 9-3		
qualifications as well as where th SPECIAL REQUESTS:	ey are needed most.				

Signature:	Date:
------------	-------