Please mail completed application to:
Auburn Parks and Recreation
Attn: Sara Hand
307 S. Dean Road
Auburn, AL 36830
(334) 501-2963
(334) 501-2964 (fax)
www.auburnalabama.org/arts

SummerNight Art Walk

June 17, 2011 in Downtown Auburn
Note: Rain Date is June 18, 2011

VOLUNTEER APPLICATION

Application must be received by June 15, 2011
Via mail or hand delivery to the Jan Dempsey Community Arts Center

Name _____Phone (Home) _____(Work/Cell)_____

Organization Name (If Applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

(You will be contacted via e-mail before the event regarding volunteer duties.)

***Volunteers will be assigned to two different shifts throughout the evening. Please check the time(s) below that you would prefer to work. Feel free to sign up for more than one shift! We particularly need help during the early and late shifts.**

____ Late Afternoon (4 - 7 p.m.) ____ Evening (6:30 p.m. - 9:30 p.m.)

Please indicate below if you need a letter of confirmation for your volunteer service.

____ YES ____ NO

If you are volunteering at SummerNight, your application is due to the Jan Dempsey Community Arts Center Wednesday, June 15 by 5:00 p.m.
For additional information about volunteering at SummerNight, please call 501-2963.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we, the undersigned, for and in consideration of permission to participate as a volunteer for SummerNight on June 17, 2011, agree to indemnify, hold harmless, and defend the City of Auburn, Alabama, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expense, including attorneys fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities preparing for SummerNight, participating in SummerNight or traveling to or from SummerNight.

In the event of any emergency, I/we authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT.

_____
Signature of Volunteer Date

_____
Signature of Parent or Legal Guardian Date

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF VOLUNTEER IS UNDER 19 YEARS OF AGE.