



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