

# APPLICATION

## VCACA, Inc.

### Volunteer Application

Mail Volunteer Application to:  
**Volunteer Coordinator**  
 PO Box 10004  
 Norfolk, VA 23513  
 (757) 766-0532  
 Email: [tntguy@aol.com](mailto:tntguy@aol.com)



SECTION 1.0	VOLUNTEER INFORMATION (complete all fields, circle choices; please print legibly)	
VOLUNTEER NAME	First Name:	Last Name:
STREET ADDRESS		
CITY, STATE, ZIP		
DAY TELEPHONE	Circle T-shirt Size: S M L XL 1X 2X 3X	
EVENING TELEPHONE/CELL	Volunteering as a member of a Group or Organization? Organization Name:	
E-MAIL ADDRESS	Occupation:	
Are you over 21 or Over? <input type="checkbox"/> Yes <input type="checkbox"/> No	If over 21, willing to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Physical Limitations: _____ or Specify:

SECTION 2.0	EMERGENCY CONTACT INFORMATION	
Name:	Telephone Number:	
Relationship:	Cell phone Number:	

SECTION 3.0	Mark Your Primary and Secondary Shift Availability				
<b>Please select two choices.</b>					
	9:00A – 1:00P	12:00P – 4:00P	2:00P- 6:00P		
<b>Friday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	6:00A – 11:00A	10:00P – 3:00P	2:00P- 7:00P	6:00P – 11:00P	9:00P – Midnight
<b>Saturday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>The CaribFest Festival needs volunteers for Festival setup/breakdown and other assistance on Friday and Saturday. Please indicate if you are able to work on both days by checking the boxes above.</p>	<p><b>Job Descriptions Available (1 for 1st choice, 2 for 2nd):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Beverage/Ice Ticket Sales</li> <li><input type="checkbox"/> Bartending Service</li> <li><input type="checkbox"/> Will Call</li> <li><input type="checkbox"/> Souvenir Store</li> <li><input type="checkbox"/> Hospitality</li> <li><input type="checkbox"/> Main Stage</li> <li><input type="checkbox"/> Big Tent area (steelpan, displays, games)</li> <li><input type="checkbox"/> Children's Korner</li> <li><input type="checkbox"/> Perimeter Security/Monitor/Safety</li> <li><input type="checkbox"/> Vending</li> <li><input type="checkbox"/> Setup &amp; Strike Team</li> <li><input type="checkbox"/> Parade Marshals</li> </ul>
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*Once you've completed and submitted this form, someone from our office will be in touch with you. We thank you for your interest and support. We will do our very best to ensure that your time with us is enjoyable, worthwhile and enriching!*

# VOLUNTEER RELEASE AND WAIVER OF LIABILITY

(This is a Release of Liability. Please read carefully before signing)



This is a Volunteer Release and Waiver of Liability (this "Release") executed on this date, \_\_\_\_\_, by \_\_\_\_\_ (the "Volunteer"), in favor of VCACA, Inc., a nonprofit corporation, its Core Committee members, and agents (collectively known as "CaribFest Organizer") agrees to the following:

1. **ACKNOWLEDGEMENT OF RISK:** The undersigned acknowledges that working in crowds may expose the participant to risk of property damage, or personal injury. The undersigned expressly acknowledges that his/her participation in the Volunteer Program will involve exposure to such risks.
2. **RELEASE AND WAIVER:** The undersigned, being aware that participation in the Volunteer Program will expose him or her to risks, hereby releases the VCACA Inc., and all sponsors, and their respective officers, directors, employees, agents, affiliates or representatives (hereinafter collectively referred to as "Releasees") from liability for any and all property damage, personal injuries or other claims arising from the undersigned's participation in the CaribFest Volunteer Program, including those that are known and unknown, foreseen, future or contingent. This Release specifically includes any liability of the Releasees for their own negligence or breach of warranty.

The volunteer SPECIFICALLY UNDERSTANDS AND AGREES that this Release FOREVER DISCHARGES VCACA, Inc., and their members, officers, directors, staff, agents, successors, and assigns from any and all liability or claims that the Volunteer may have against VCACA, Inc., or their members, officers, directors, staff, agents, successors, and assigns, with respect to any bodily injury, personal injury, illness, death, or property damage or loss that may result, directly or indirectly, from the CaribFest Activities, and in all cases to the fullest extent permitted by applicable law.

The volunteer also understands that VCACA, Inc. does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to the Volunteer, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss. that arises wholly or in part out of the undersigned's participation in the CaribFest Festival.

3. **ASSUMPTION OF RISK:** The Volunteer hereby expressly, specifically, knowingly, intentionally, purposively, personally, and solely assumes all risk of injury or harm which may result, directly or indirectly, from, during, or with respect to the Activities, and FOREVER releases, discharges, indemnifies, holds harmless, defends, exonerates, and covenants not to sue VCACA, Inc., and their members, officers, directors, staff, agents, successors, and assigns from all liability or claim for injury, illness, death, or property damage or loss resulting from or with respect to the Activities.
4. **BINDING EFFECT:** This Release and Waiver shall be binding upon the undersigned and the undersigned's parent(s) or guardian, spouse, legal representatives, heirs, successors, or assignee.
5. **I SPECIFICALLY ACKNOWLEDGE THAT I PERSONALLY HAVE READ THE PREVIOUS PARAGRAPHS, AND I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ACTIVITIES I WILL UNDERTAKE AS A CARIBFEST VOLUNTEER. I UNDERSTAND THAT I AM PERMANENTLY GIVING UP SUBSTANTIAL RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Name of Participant \_\_\_\_\_ (Please Print)

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_