



Volunteer Registration Form

Volunteers are essential to ensure the festival is a success and there is a high level of safety for each activity. Please consider volunteering for one of the below needs and complete the volunteer form. Thank you.

Volunteer Information:

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Emergency Contact Information:
 - Name: _____
 - Relationship: _____
 - Phone Number: _____

Availability:

- Preferred Days/Times to Volunteer: _____
- Total Hours Available: _____

Areas of Interest ([volunteer needs](#)):

- Preferred Volunteer Activities: _____
- Skills and Experience: _____

Health and Safety Information:

- Allergies or Medical Conditions: _____
- Special Accommodations Needed: _____

Consent and Acknowledgements:

I, the undersigned, agree to volunteer for Byron Days Festival. I understand that my participation is voluntary and that there are risks associated with volunteering. I hereby release and hold harmless Byron Days Festival, its staff, and its affiliates from any and all liability for any injuries or damages that may occur during my volunteer activities.

I consent to the use of photographs or videos of me taken during the event for promotional purposes.

Signature:

Volunteer Signature: _____

Printed Name: _____



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Date: _____

Please submit the form to Jenny Deamud: Jenny@ByronDaysFestival.org. Call if you have questions: 616-617-7467.