

MUSKEGON LATIN FLAVOR FESTIVAL

VOLUNTEER REGISTRATION



Name: _____

Address: _____

Home Phone: _____ Work or Cell Phone: _____

E-mail Address: _____

Are you 18 years or older: Yes No Bilingual: Yes No

In case of an emergency, please contact:

Name : _____

Relationship: _____

Phone: _____

All volunteers must be registered with the Volunteer Coordinator, Mary Villanueva. You can do this by either faxing your COMPLETED form to 724-6673, or by mailing it to Mary Villanueva, Muskegon County Administration, 990 Terrace Street, Muskegon, MI 49442. The data on this form will be used to contact applicants and select them for volunteer assignments.

I hereby understand that the Hispanic Community Services Coalition, nor any of its officers, or volunteers shall be held liable for any claims seeking damages for personal injury or property damage that may arise out of my participation as a volunteer for the Muskegon Latin Flavor Festival 2008. I also hereby agree to indemnify the Muskegon Latin Flavor Festival 2008, its officers, volunteers, the Community Health Project, the Hispanic Community Services Coalition, the City of Muskegon and County of Muskegon, harmless on account of any such claims.

Signature _____

Date _____