

VOLUNTEER APPLICATION

Freedom Jazz Festival, Inc. PO Box 8981 Minneapolis, MN 55408

www.freedomjazzfestival.org (612) 413-0527

Email: info@freedomjazzfestival.org

Thank you for your interest in volunteering with the Freedom Jazz Festival to help make it a success. We appreciate your participation and support!

Please send your completed form to: FJF, Inc. Attn: Volunteers, PO Box 8981, Minneapolis, MN 55408 or Email to: info@freedomjazzfestival.org

Your Name:		
Address, City, ST, Zip:		
Phone #, Email:		Email:
Emergency Contact	Name:	Phone#:
	r 18 years	☐ Under 18 years of age (requires guardian or parent signature)
How did you learn ab	out the FJF?	☐ Attended FJF previously ☐ Flier, Poster
☐ FJF Committee m	nember, Friend	☐ Media, News, Radio ☐ Performer
Occupation (current of		
What is your voluntee	er	
experience/history? Abilities, Skills and Pr	roforonoon	□ Accession Francis Oceans □ Advisor of a Massacra
		☐ Accounting, Financial, Grants ☐ Administrative, Managerial
☐ Arts, Creative, Des	sign, writing	☐ Computers, Technical ☐ Delivery, Moving, Packing
☐ Hospitality	o no no in a	☐ Marketing, Promotions, Sales☐ Organization, Planning☐ Social Media. Web Design☐ Other:
☐ Production, Progra Describe abilities/ski		☐ Social Media, Web Design ☐ Other:
Available Davs. Hours	3. Times	☐ Now through September ☐ Festival Day only: Sept 19 15
Available Days, Hours Days:	s, Times	☐ Now through September ☐ Festival Day only: Sept. 19, 15 ☐ Short-Term ☐ Ongoing: January-December
Available Days, Hours Days: Hours:	s, Times	☐ Short-Term ☐ Ongoing: January-December
Days:		☐ Short-Term ☐ Ongoing: January-December ☐ Daytime ☐ Evening
Days: Hours:		☐ Short-Term ☐ Ongoing: January-December ☐ Daytime ☐ Evening
Days: Hours: Accessible Limitation	s/Needs:	□ Short-Term □ Ongoing: January-December □ Daytime □ Evening □ Hearing □ Heavy Lifting □ Sight □ Walking □ Indoors □ Outdoors
Days: Hours: Accessible Limitation	s/Needs:	□ Short-Term □ Ongoing: January-December □ Daytime □ Evening □ Hearing □ Heavy Lifting □ Sight
Days: Hours: Accessible Limitation Volunteer Participa I request consideration injury, fines, charges, parising from such active I, the undersigned agree.	tion Waiver of Lian to participate as a spenalties, expenses gree to release and rity. I respectfully age that I am at least	□ Short-Term □ Ongoing: January-December □ Daytime □ Evening □ Hearing □ Heavy Lifting □ Sight □ Walking □ Indoors □ Outdoors

Thank you!