



# FORT ADAMS FESTIVAL OF LIGHTS

## VOLUNTEER FORM

Affiliated with



www.fortadams.org  
www.mahercenter.org  
www.christmasinnewport.org

Sponsored by



### Contact Information (Volunteers must be 16 years of age or older)

Name	
Street Address	
City, State, Zip code	
Home Phone	
Work Phone	
E-Mail Address	

Please indicate contact preference:  Email or  Telephone

### Availability (Dress for outdoors)

Please indicate day and hours you are available for volunteer assignments?

<i>Scheduled Date</i>	<i>Hours</i>	<i>Availability</i>	<i>Rain Date</i>
___ December 9, 2011	Noon – 4:00 p.m.	_____	___ December 10, 2011
___ December 10, 2011	8:00 a.m.–8:00 p.m.	_____	___ December 11, 2011
___ December 11, 2011	10:00 a.m.– Noon	_____	___ December 12, 2011

### Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip code	
Home Phone	
Work Phone	
Relationship	

### Agreement and Signature

By submitting this application, I agree that this volunteer relationship is at will for all parties.

Name (printed)	
Signature (Parent or Guardian of child)	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.