



MAIN STREET ROSWELL

PO Box 1328 | Roswell, NM 88202

www.mainstreetroswell.org

Questions? Please contact Kathy Lay 575-914-8017
or 575-914-8018

VOLUNTEER APPLICATION

JUNE 29-JULY 2, 2017

Name: _____

Birthdate: _____ Phone: _____

Email: _____

Address: _____ City: _____

In Case of Emergency (ICE) Contact: _____

ICE Phone: _____ Relationship: _____

Languages Spoken: _____

Certifications First Aid/CPR?: No Yes Expires _____

Physical Limitations?: No Yes

Criminal Convictions?: No Yes

Other Volunteer Experience?: No Yes Explain: _____

Skills / Training: _____

Days / Hours Available: _____

(We ask that you volunteer a minimum of 2 hours on days worked to receive free T-Shirt) Shirt Size: YL AS AM AL AXL AXXL

Reason for Volunteering: _____

How did you hear about us?: _____

Reference: _____ Reference Phone: _____

Skills / Jobs Checklist: (check if interested)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Trash Monitor | <input type="checkbox"/> Information Ambassador | <input type="checkbox"/> Vendor Aide |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Hydration Station | <input type="checkbox"/> Tear Down |
| <input type="checkbox"/> Errand Aide | <input type="checkbox"/> Set Up | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Stage Aide | <input type="checkbox"/> Kid's Craft Booth | |
| <input type="checkbox"/> Social Media Aide | <input type="checkbox"/> Event Prep | |

• Volunteers under 18 YOA must have supervision from an adult. Please remember, you are a representative of Roswell. Please fill out the attached release to be a part of the 2017 UFO Festival. Thanks for your help!



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VOLUNTEER WAIVER

JUNE 29-JULY 2, 2017

In consideration of the permission granted to me by MainStreet Roswell to participate and/or have my video, audio, photographic and other copyrighted materials used (hereinafter referred to, collectively, as "My Participation") in the 2017 UFO Festival, I hereby release MainStreet Roswell, the State of New Mexico, the City of Roswell, the MainStreet Roswell Board of Directors, International UFO Museum & Research Center, and their officers, employees and agents from all actions, damages, or claims which I or my assigns may have against them which may be incurred as a result of My Participation in the above-described Program.

Further, I agree to indemnify and hold harmless MainStreet Roswell, the MainStreet Roswell Board of Directors, the State of New Mexico, the City of Roswell, the MainStreet Roswell Board of Directors, International UFO Museum & Research Center, and their officers, employees and agents from any liability, loss or expenses arising from any claim or litigation that My Participation in the Program including my statements or actions, or material furnished by me violated or infringed the rights of third parties.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by MainStreet Roswell, the State of New Mexico, the City of Roswell, the MainStreet Roswell Board of Directors, International UFO Museum & Research Center, and their officers, employees and agents in connection with any use of a product arising out of My Participation in the above-described Program. I authorize MainStreet Roswell to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that MainStreet Roswell, the State of New Mexico, the City of Roswell, the MainStreet Roswell Board of Directors, International UFO Museum & Research Center, have no obligation to air the Program, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by MainStreet Roswell under the provisions of New Mexico Statutes.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Performance Authorization, Release, and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant _____ Date _____

Witness _____

Printed Name _____

Signature of Guardian _____ Date _____

Witness _____