



**2018 BOOGIE BASH
VOLUNTEER
INFORMATION**



VOLUNTEER: _____

EMAIL ADDRESS: _____

ON SITE PHONE NO. _____

HAVE YOU VOLUNTEERED BEFORE **YES** **NO**

IF YES WHAT AREA DID, YOU VOLUNTEER IN _____

2018 AVAILABILITY:

FRIDAY **YES** **NO** **ALL DAY** **YES** **NO** **TIME AVAILABLE** _____

SATURDAY **YES** **NO** **ALL DAY** **YES** **NO** **TIME AVAILABLE** _____

SUNDAY **YES** **NO** **ALL DAY** **YES** **NO** **TIME AVAILABLE** _____

AREAS AVAILABLE TO VOLUNTEER IN

TOKENS **BAR/SERVING** **MERCHANDISE** **FRONT GATE** **ICE CART**

SAFETY PERSONNEL **FIRST AID**

ARE YOU CERTIFIED IN SECURITY/FIRST AID/SERVING IT RIGHT **YES** **NO**

IF YES WHAT IS YOUR ID NUMBER _____

Please provide any additional information that you feel we should know or require. We thank all of you volunteers that assist us in putting on Boogie Bash, without you this event would not take place. Thank you

