



## 2018 Community Brunch Volunteer Application & Agreement

The Society for disABILITIES is looking for reliable volunteers to help with the Community Brunch. We hope you find the event fun and enjoyable. Your help is needed to showcase the Society and the important programs we provide!

Day	Times	Location	Task	Attire
Prior to Event	TBA	Varies	Prepare for event – includes the recruitment and packaging of auction items	Casual
Saturday 9/22	8:00 AM to ????	Modesto Centre Plaza	Unloading supplies, tables setting, decorating, and slicing of fruit	Casual
Saturday 9/22	10:00 AM to ????	Modesto Centre Plaza	The making of 1500 crepes	Casual
Sunday 9/23	7:00 AM to 2:00 PM	Modesto Center Plaza	<ul style="list-style-type: none"> <li>• Food Prep</li> <li>• Set Up</li> <li>• Beverage servers/mixes (must be over 21)</li> <li>• Food Servers</li> </ul>	Purple T-shirt provided, preferably with black denim
Sunday 9/23	7:30 AM to 2:00 PM	Modesto Centre Plaza	<ul style="list-style-type: none"> <li>• Table Bussers</li> <li>• Runners</li> <li>• Auction Items</li> <li>• Society's Information Table</li> </ul>	Purple T-shirt provided, preferably with black denim
Sunday 9/23	1:30 PM to ????	Modesto Centre Plaza	Clean Up	Casual

Note: These times are tentative

The Modesto Centre Plaza is located on K Street, between 10<sup>th</sup> and 11<sup>th</sup> Streets.

***\*\*Remember to arrange for YOUR OWN transportation to and from the Modesto Centre Plaza.***

We Need Volunteers to Assist With:

- |                        |                       |                 |
|------------------------|-----------------------|-----------------|
| • Food Prep            | • Table Bussers       | • Runners       |
| • Early Morning Set up | • Beverages           | • Auction items |
| • Decoration Committee | • Cooking / Preparing |                 |

As a volunteer, I understand and agree that I will be representing Society for disABILITIES throughout the Community Brunch. I agree to:

1. Perform assigned duties during the fundraiser.
2. Represent Society for disABILITIES in a safe, positive and professional manner.
3. Review and follow the activity guidelines provided by Society for disABILITIES for the Community Brunch.
4. Adhere to the rules and regulations of the Modesto Centre Plaza & Society for disABILITIES

**Questions: Please contact Carolyn Gomes, Director of Development, 209.524.3536 ext. 3505 or [carolyn@societyfordisabilities.org](mailto:carolyn@societyfordisabilities.org)**



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Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you with a group that is volunteering?  Yes  No

If yes, which group: \_\_\_\_\_

I am available to help:

- Prior to event, days, tasks to be announced includes preparing auction items.
- Saturday, September 22, from 8 am to until done to work on unloading supplies, setting tables, decorating and slicing fruit.
- Saturday, September 22 from 10 am to until done to make crepes (the batter is made you will be preparing crepe on a stand-alone burner.
- Sunday, September 23 from 7:00 am to 2:00 pm for food preparation, set up, serve beverages and food
- Sunday, September 23 from 7:30 am to 2:00 pm to bus tables, be runners, staff auction items, staff Society for disABILITIES' information table.
- Sunday, September 23 from 1:30 pm to until done for clean-up
- I have volunteered for the Community Brunch in previous years.  Yes  No
  - If yes, please list where you have helped \_\_\_\_\_
- I have experience in the following areas and would like to help in one of these areas:
  - Bartending       Table Bussing     Decorating       Auction Item Baskets
  - Food Preparations     Other, please specify: \_\_\_\_\_
- I understand that volunteering at the Community Brunch includes being flexible and I will be asked to help in a variety of areas.
- I have signed the waiver on page 3 and will return it to Society for disABILITIES.

**Please Fax, Mail, or deliver PAGES 2 and 3 to: (209)524-1205 or 1129 8<sup>th</sup> Street, Suite 101, Modesto, CA 95354**

## Volunteer Waiver and Release of Liability

By signing this agreement, I agree that I am physically and mentally able and accept the below conditions of my participation and will accept emails from the Society for disABILITIES.

**Please initial each release:**

\_\_\_ I acknowledge and fully understand that as a volunteer, I will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I acknowledge that there may be risks not known to me or not reasonably foreseeable at this time.

\_\_\_ I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

\_\_\_ Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of the Community Brunch for any personal injury, property damage, or other damages that may arise from my participation, regardless of whether such injury or damage is caused by negligence or carelessness of the Community Brunch fundraiser.

\_\_\_ I agree that the staff and volunteers of the Community Brunch and Society for disABILITIES may authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

\_\_\_ **MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Society for disABILITIES to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any Society for disABILITIES programs or events. I further agree that Society for disABILITIES may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations. I agree my name, may be published in, or used by Society for disABILITIES and any of the media or mass communication without any liability on the part of Society for disABILITIES.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
PARTICIPANT NAME (Print)

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

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PARENT SIGNATURE IF PARTICIPANT IS A MINOR

**PARENT SIGNATURE IS REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE AND IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**