



FOLSOM PRO RODEO 2011 - VOLUNTEER SIGN UP

To: Alice Ortiz - Folsom Pro Rodeo Committee
Email: info@folsomrodeo.com
Fax: (916) 985-4117
Re: Volunteering for Folsom Pro Rodeo - Sign Me Up!

Please complete this contact information:

- Your Name: _____
- Phone Number (Office/Cell): _____
- Date of Birth: _____
- Email Address: _____

VOLUNTEERS MUST BE AT LEAST 18 YEARS OF AGE. VOLUNTEERS IN THE SALOON MUST BE 21 YEARS OF AGE.

Volunteer Opportunities: Jobs include beverage team, volunteer check-in, saloon and other jobs as needed.

Annual Bulls & Brews Fun Run and Cattle Drive on Historic Sutter Street

<u>Date</u>	<u>Shift Time</u>	
Thursday, June 30	5:30 pm – 8:30 pm	_____

Folsom Pro Rodeo:

<u>Date</u>	<u>Shift Time</u>	
Friday, July 1	5:00 pm – 11:00 pm	_____
Saturday, July 2	5:00 pm – 11:00 pm	_____
Sunday, July 3	5:00 pm – 11:00 pm	_____

Have you volunteered in the past?: ___ Yes ___ No If yes, what did you do? _____

Alice will be in contact with you to confirm your shift & provide more information about the volunteer duties.

Please join us for some of the fun pre-Rodeo activities this year! The rodeo is a great opportunity to network with other business and non-profit volunteers while enjoying a great event!

Check out our website at www.FolsomRodeo.com

Folsom Chamber of Commerce
200 Wool Street, Folsom, CA 95630
PHONE (916) 985-2698 FAX (916) 985-4117
EMAIL info@folsomrodeo.com



FOLSOM PRO RODEO 2011 - VOLUNTEER RELEASE

ORGANIZATION: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY NUMBER: _____

ARE YOU ALLERGIC TO ANY MEDICATION?: _____

I agree to indemnify and hold harmless the Folsom Chamber of Commerce ("FCC"), its officers, officials, employees, agents, and any other co-sponsoring agency from any and all liability for personal injury, death or property damage which may arise as a result of my participation as a volunteer for the FCC. This release shall remain in effect until revoked in writing.

Permission for Medical Treatment

I further agree that in case of an accident or injury, I authorize the FCC to call the 911 emergency number and the FCC may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be reached. I am aware that the sponsoring organization does not carry medical insurance for participants in this activity.

Volunteer Signature

Date

THIS FORM MUST BE COMPLETED BY EACH VOLUNTEER
AND RETURNED BY FAX OR IN PERSON
NO LATER THAN JUNE 18, 2010

Folsom Chamber of Commerce
200 Wool Street, Folsom, CA 95630
PHONE (916) 985-2698 FAX (916) 985-4117
EMAIL info@folsomrodeo.com