# TEXAS MUSHROOM FESTIVAL

October 25, 2008

*ONE FORM PER VOLUNTEER -- PRINT CLEARLY*

## *Keep Madison County Beautiful Green Team VOLUNTEER APPLICATION*

| | |
|---|---|
| **NAME:** | **TODAY'S DATE:** |
| **ADDRESS:**<br><br>**CITY:**<br>**STATE, ZIP:** | **SHIRT SIZE:** ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL<br>**DAY PHONE:** |

**FORM DUE October 10, 2006 BY 5 PM**

**CIVIC ORGANIZATION / BUSINESS / INDIVIDUAL** *(circle one)*

| | |
|---|---|
| **EMAIL:** | **FAX:** |
| **SIGNATURE:** | **I WILL WORK A TOTAL OF _____ SHIFTS** |

**Check YOUR PREFERRED SHIFT**

***We will have two person teams monitoring bins, with one man each shift "floating" to assist with transport of full bags to dumpster area.***

**SATURDAY**

| | 8AM- 10AM | 10 AM - Noon | Noon – 2 PM | 2 PM- 4 PM | 4 PM – 6 PM | Post 5PM site clean-up |
|---|---|---|---|---|---|---|
| Recycling Bin Patrol | | | | | | |
| Entry Booth | | | | | | |

*Assignments and times are flexible. Let us know how you need adjust your schedule.*

**VOLUNTEER ORIENTATION**
Tuesday Oct. 21 - 5:30 pm
Truman Kimbro Center
***All registered volunteers receive a t-shirt!***

**Please mail this form ASAP to:**
Keep Madison County Beautiful
113 W Trinity, Madisonville, TX 77864
Or FAX (936) 349-0130

For further information, please call or e-mail

Rae Kubiak (936) 348-3591
Rae.Kubiak@ci.madisonville.tx.us

**FESTIVAL HOURS**

**Saturday, October 25 -** 10:00 am – 5:00 pm

**WAIVER (please read before signing):** By applying for this volunteering opportunity, I, intending to legally bind myself, my heirs, executers & administrators, do hereby waive and release any and all rights and claims for damages, injuries, or losses I may have against any and all event officials, and all organizations conducting this event (including but not limited to Madison County Mushroom Festival, Inc., the City of Madisonville, Madison County, event sponsors, volunteers, rescue and support personnel, as well as their agents, successors and assigns). It is my further declaration that I consider myself to be in physical condition that will enable me to perform my assigned tasks. If I have any physical or medical conditions that might limit my ability to perform assigned tasks, I will list them on the reverse side of this form.

Volunteer Signature:_____ date: _____

Signature of Parent/Guardian if volunteer is under age 18: _____