



Washington Arts Festival Volunteer Application

Note: Completion of this application give Washington Park District permission to perform a criminal background check as necessary.

Name	
Address	
City	
State	
ZIP Code	
Telephone (home/cell)	
Email Address	
Date of Birth	
Emergency Contact	
Adult/Teen	

EDUCATION AND WORK EXPERIENCE

Current Employer	
Work Phone	
Are you a student?	
If so, last grade completed	

VOLUNTEER OPPORTUNITIES

<input type="checkbox"/> Ticket area	Sat & Sun
<input type="checkbox"/> Booth Sitter	Sat & Sun
<input type="checkbox"/> Golf Cart Shuttle	Sat & Sun
<input type="checkbox"/> Festival Tent - water	Sat & Sun
<input type="checkbox"/> I will help wherever needed	

Please check the boxes for the days and times you are most often willing to volunteer.

	Sat. Aug. 20	Sun. Aug. 21	
Morning			
Afternoon			
Evening			

Are you required to volunteer? Yes No If yes, by whom? _____

Signature _____ Date _____

Return to: Washington Park District, Volunteer Coordinator, 105 S. Spruce St. Washington, IL 61571