



## 2010 VOLUNTEER FORM

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Are you 18 or over?  Yes  No

Phone(s) Day:( \_\_\_\_\_ ) \_\_\_\_\_ Evening:( \_\_\_\_\_ ) \_\_\_\_\_

*Emergency Contact:*

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Job	Location	Day(s)	Shift Choice(s)
Soda & Water Booth	Laguna Seca	___ Sat. ___ Sun.	___ 8am -1:30pm ___ 1pm – 6pm
Concession Home Base & Delivery	Laguna Seca	___ Sat. ___ Sun	___ 6am – 1pm ___ 1pm – 6pm
Cleanup / Recycle	Laguna Seca	___ Sat. ___ Sun	___ 8am – 1pm ___ 12:45pm–5:45pm
Traffic & Pedestrian Control	Monterey – Alvarado St.	Friday only	___ 7am – 1pm ___ 1pm – 5pm ___ 5pm–10pm
Traffic & Pedestrian Control	Cannery Row	Saturday only	___ 3pm – 6pm ___ 6pm - 10pm

You will be contacted by the coordinator in charge of your area for scheduling. For more information call 755-0777 or email [mgross@svmh.com](mailto:mgross@svmh.com).

***Mail to:*** ***Salinas Valley Memorial Hospital Foundation***  
***Cherry's Jubilee Volunteer Form***  
***PO Box 4760***  
***Salinas, CA 93912***  
***Or fax to:*** ***(831) 753-5185***

**INSURANCE WAIVER**

I agree to waive any liability on the part of Cherry's Jubilee by reason of any injury or damage sustained or incurred by me. I agree to hold Cherry's Jubilee free and harmless there from. I further agree that my private insurance will be the only insurance coverage available to me.

This release had been carefully read by the Undersigned and the Undersigned fully understands its terms and conditions and has voluntarily executed and delivered this release as of the below date (if under 18 signed by parent).

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