



Saturday Oct. 14th 10am - 9pm
Sunday, Oct. 15th 11am - 7pm
Old Town Temecula Civic Center

(951) 296-6207
www.TemeculaGreekFest.com
Email: TemeculaGreekFest@yahoo.com

TEMECULA GREEK FESTIVAL VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering at the Temecula Greek Festival. You must be 15 years of age and older to volunteer. Deadline is October 7, 2017.

I'M AVAILABLE TO VOLUNTEER DURING THESE DAYS AND TIMES (choose one or more):

THURSDAY, OCTOBER 13: 3:30pm – 7:00pm (loading at St. Nicholas Church, 41132 Guava St, Murrieta)

FRIDAY, OCTOBER 14: 5:00pm – 9:00pm

SATURDAY, OCTOBER 15: 9:30am – 2:00pm 1:30pm – 5:30pm 5:00pm – 9:00pm

SUNDAY, OCTOBER 16: 10:30am – 2:30pm 2:00pm – 6:30pm 6:00pm – 8:30pm

Duties include helping children at the games, serving food, carrying food trays for elders to their table, emptying trash cans, set up and take down tables and chairs, cleaning up etc.

STUDENT NAME: _____

SCHOOL NAME: _____

LEGAL GUARDIAN'S NAME: _____

HOME PHONE: _____ **CELL #:** _____

Volunteers will be given a t-shirt. Please indicate mens t-shirt size Small Med large Xlg

CONFIRMATION # _____

Must contact Karen Vestakis at (951) 326-0888 to confirm your shift time and day to receive your confirmation number. Please email this form and your Parental/Guardian Consent form to TemeculaGreekFest@yahoo.com.

FOR MORE INFORMATION OR QUESTIONS PLEASE CONTACT:
Karen Vestakis (951)326-0888

Once volunteers are confirmed, they will check-in at the entrance by the Old Town Parking Garage at their designated time. Volunteers will be offered a free meal, water and snack. Upon completion of their shift, students will report back where their community services hours will be recorded on the community service document from their school.



**TEMECULA GREEK FESTIVAL
PARENTAL/GUARDIAN CONSENT**

CONFIRMATION # _____

Must contact Karen Vestakis at (951) 326-0888 to confirm your shift time and day. Please email this form and Volunteer Application to: TemeculaGreekFest@yahoo.com.

_____, a minor child, wishes to participate as a volunteer for the Temecula Greek Festival. As the minor's parent/guardian, I hereby consent to his/her participation as a volunteer.

I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the Temecula Greek Festival permission to seek medical attention for the child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

I understand that the child may be photographed during the festival. I grant full and unlimited permission to the Temecula Greek Festival, and its agents and affiliates, to use the minor's name, photographs or any other record of participation at the festival in any broadcast, telecast or other account volunteering at the Temecula Greek Festival for publicity purposes, without compensation, by placing my initials here. _____

EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:

Name: _____

Relationship to child: _____

Home phone: _____

Mobile phone: _____

Office phone: _____

Parent/Guardian 2:

Name: _____

Relationship to child: _____

Home phone: _____

Mobile phone: _____

Office phone: _____

Child's Physician:

Name: _____

Office phone: _____