



Volunteer Application and Waiver

Friday through Sunday, May 18 – 20, 2012

Marin Sonoma Concours d'Elegance

Date _____ Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail _____ Company Affiliation _____

Do you have any physical limitations? _____

Do you have any unique skills or experience you would like us to consider in assigning your volunteer task(s)? _____

Have you volunteered for this event in the past, and if so what task(s) did you perform? _____

How did you hear about this volunteer opportunity with the Marin Sonoma Concours d'Elegance?

____ Hospice By The Bay ____ Boys and Girls Clubs ____ Past Volunteer ____ Other (please describe):

SHIFT PREFERRED:

Are you available **Friday, May 18** to help with *The Chairman's Dinner*? Morning _____ Afternoon _____ Night _____

Are you available **Saturday, May 19** to help with *The Tour D'Elegance*? Morning _____ Afternoon _____

Are you available **Sunday, May 20** to help with *The Concours*? Morning _____ Afternoon _____

T-Shirt Size: Men's _____ Women's _____

PLEASE NOTE:

- Your service is strictly voluntary and you will not be paid for your time or services.
- Your responsibilities in supporting this event will include a variety of tasks including but not limited to: registration, ticketing, monitoring and assisting attendees, exhibitors and automobile owners, serving refreshments, and directing automobiles.
- The Concours events will take place rain or shine!

PLEASE ACKNOWLEDGE THE FOLLOWING STATEMENT WITH YOUR SIGNATURE BELOW:

As a volunteer, I assume the risk and responsibility for all claims, legal actions and costs resulting from injuries to myself or others, as well as property damage, which is/are caused by my negligence or my intentional acts. I further release Marin Sonoma Concours d'Elegance, their employees, directors, and trustees from any liability relating to claims arising from the above.

BY YOUR SIGNATURE, YOU ACKNOWLEDGE READING, UNDERSTANDING, AND AGREEING TO THE STATEMENTS ABOVE.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____

Work Phone _____ Home Phone _____ Cell Phone _____

SIGNATURE

PRINT FULL NAME

DATE

Please return to:

Marin Sonoma Concours d'Elegance
Attn: Volunteer Coordinator
134 Paul Drive, Suite 101
San Rafael, CA 94903
Tel/Fax: 415-479-7727
Email: info@marinsonomaconcours.org

Thank you for donating your time to support this event!