

# 2011 Woofstock – The Great Chandler Dog Walk

## Potential Volunteer Information

Thank you for considering volunteering and assisting such a great community event. Below is an overview of our event and should provide you with some valuable information. Please take the time to review and we look forward to having you join our team.

### Event History

The City of Chandler and its proud partners, American Service Animal Society and the Maricopa County Animal Care and Control are pleased to present the community with an event that is all about dogs and their families. Woofstock- The Great Chandler Dog Walk has been a hit event since it's debut in 2008. This event brings together local business and non-profit organizations to provide participants with information, care tips, goodies and treats for dogs and their owners. This day is truly memorable with a pet parade, concert for critters, contests, and games.

### Event General Information

Date: Saturday, November 19, 2011

9 a.m. to 2 p.m.

Location: Tumbleweed Park

### Potential Volunteer Work Areas

You will have the opportunity to assist in a number of areas...

1. Walk Course Helper
2. Dog Water Station Helper
3. Demonstrations/Activities Helper
4. Silent Auction/Raffle Assistance
5. Informational Booth Assistance
6. Set-up/Clean-up

Work areas are assigned, as needed based on sign-ups.

### What's The Next Step to Volunteer?

Complete the attached volunteer form and return it to – Special Events Coordinator, MS 500, PO Box 4008, Chandler, AZ 85244 or fax it to 480-782-2713 or by email to [Hermelinda.Llamas@chandleraz.gov](mailto:Hermelinda.Llamas@chandleraz.gov)

Once the form is received, you will be contacted to confirm all the event's details for the day.

*For any questions, please call 480-782-2665.*

2011 Woofstock – The Great Chandler Dog Walk  
Volunteer Form

**Volunteer Sign-up Information**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Please choose a time frame in which you want to volunteer for.  
6:30am to 9:30am \_\_\_\_\_ 8:30am to 11:30am \_\_\_\_\_ 11:30am to 2:30pm \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to You \_\_\_\_\_

**Work Status**

Employed Full-Time \_\_\_\_\_ Employed Part-Time \_\_\_\_\_ Full-Time Student \_\_\_\_\_  
Other \_\_\_\_\_  
Employer/School Name \_\_\_\_\_

**Fluent Languages (other than English)**

Language \_\_\_\_\_ Read \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_  
Language \_\_\_\_\_ Read \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_

Do you have any special needs or disabilities that we need to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted and/or placed on probation for any criminal offenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide dates and detailed information (including minor offenses).\*

\*A "yes" answer will not automatically disqualify you. Each case will be considered individually.

**Statement of Accountability and Consent**

By signing this application form, I certify that all information is true to the best of my knowledge, and any omissions or misrepresentations will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I give the City of Chandler parks & Recreation Division authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the Parks & Recreation Division advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler Parks & Recreation Division, and understand that being a volunteer means I have made a commitment to the program. I further understand that I am a volunteer, and therefore not entitled to any health and welfare benefits other than medical care and treatment for industrial injury sustained while serving as a City of Chandler volunteer. Furthermore, I will be fulfilling the volunteer job responsibilities without receiving a salary or hourly wage payment. I will assume all risks and/or hazards associated with participation in this program and do hereby agree to hold harmless the City of Chandler and/or its employees.

\_\_\_\_\_  
Signature of Volunteer Applicant Date

\_\_\_\_\_  
Signature of Parent or Guardian if Applicant is Under 18 Date