

# 2011 Tumbleweed Tree Lighting & Parade of Lights

## 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 Tumbleweed Tree Lighting & Parade of Lights is a magical and spirited night as the community helps celebrate the holidays together. Visitors watch the most unique tree light up the night when the Mayor flips the switch and the holiday season in Historic Downtown Chandler officially begins. After the ceremony, a celebration begins and the creative floats, spirited organizations and businesses amaze viewers during their participation in the Parade of Lights.

### **Event General Information**

Date: Saturday, December 3, 2011

4:30 p.m. to 9 p.m.

Location: Historic Downtown Chandler

### **Potential Volunteer Work Areas**

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

1. Stage Assistant
2. Informational Booth Assistance
3. Parade Banner Holders
4. 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 Tumbleweed Tree Lighting & Parade of Lights 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.  
2pm to 5pm \_\_\_\_\_ 4pm to 7pm \_\_\_\_\_ 4pm to 9pm \_\_\_\_\_ 7pm to 10pm \_\_\_\_\_  
Parade Banner Holder - 6:00pm to 8:30pm \_\_\_\_\_

## 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