



VOLUNTEER APPLICATION - 2016

***Please note the Newport Celtic Festival & Highland Games is moving to Toledo, Oregon in 2016.**

Our mission is to promote and preserve Celtic culture and heritage on the Oregon coast. With your help and that of our community, we produce several annual Celtic cultural events, activities, and programs which facilitate education, workshops, musical performances, and traditional competitions that include athletics, music and dance of the Celtic traditions of the seven Celtic nations.

If you want to be a part of this exciting endeavor, please complete this form and either email it to volunteer@newportcelticfestival.com, or send it by mail to:

Celtic Heritage Alliance, Inc.
Attn: Volunteer Coordinator
PO Box 504
Newport OR 97365

APPLICATION DEADLINE: May 1, 2016

Name: _____

Address: _____

E-mail: _____

Telephone: (daytime) _____ (evenings) _____

All CHA Volunteers who apply by the application deadline receive an exclusive festival volunteer t-shirt, a free weekend pass, can choose the activities and schedule of their choice (first come, first served basis), name listed in the official souvenir program and can join in our annual volunteer appreciation events. **A minimum of 8 hours of volunteer work is required.**

Which type of volunteer would you like to become? Please choose using the check boxes below.

On call (OC): will show up to help at smaller events on demand or will donate time to outreach public events at schools, will deliver posters or solicit and pick up donations, etc.

Regular (R): will volunteer to work events during the timeframe they are held (usually quarterly).

Team Leaders (TL): take an active and participatory role in attending twic monthly meetings, collaborating with others, planning, organizing, and taking the lead in your area of interest (choose specifics below)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Donor Relations | <input type="checkbox"/> Grounds Grew | <input type="checkbox"/> Parking Attendant |
| <input type="checkbox"/> Alcohol Monitor | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Highland Games | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Alcohol Server (w/Permit) | <input type="checkbox"/> Food Server (w/Permit) | <input type="checkbox"/> I.D. Checker | <input type="checkbox"/> Runner (any position) |
| <input type="checkbox"/> Arts, Crafts & Culture | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Adverts | <input type="checkbox"/> Site Set Up |
| <input type="checkbox"/> Check in Stations | <input type="checkbox"/> Gate Guard | <input type="checkbox"/> Media Distribution | <input type="checkbox"/> Site Tear Down |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Stage Hand (18 or older) |
| <input type="checkbox"/> (requires background check) | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Ticket Booth (Sales) |
| <input type="checkbox"/> Contests | <input type="checkbox"/> Greeter at Events | <input type="checkbox"/> Parade Marshall | <input type="checkbox"/> Vendor & Clans Assistant |

Other: _____

Select T-Shirt Size: Youth M Youth L Adult S Adult M Adult L XL XXL XXXL

Celtic Heritage Alliance, Inc. - PO Box 504 - Newport OR 97365 - www.newportcelticfestival.com



Please tell us why you want to be part of the activities hosted by Celtic Heritage Alliance.

Applicant's Signature

Date

Signature of Participant (or Guardian if under 18)

Date

Emergency Contact:

Please provide the name and contact information for the person we should contact in the event of an emergency:

Liability Release

In consideration of Celtic Heritage Alliance, Inc. ("CHA") making available to me the ability to participate as a volunteer, I hereby waive, release and hold harmless CHA, its agencies, officials and employees, from and against any and all liability arising out of or in connection with my use of their facilities, classes, programs and/or equipment. I understand that CHA does not provide medical insurance for any person participating in any of their programs or using their facilities and equipment, and that unless I have maintained my own medical insurance which covers my activities, I will not be covered by any medical insurance.

Any intellectual property created by me for use by CHA at the Newport Celtic Festival & Highland Games or other events produced by and in conjunction with the CHA, including without limitation, promotional materials, graphic art, logos, and advertising copy, shall be considered a work made for hire and shall become the property of CHA. Such intellectual property shall not be used by me in any fashion without the express written approval of CHA. Further, I shall use a reasonable degree of care to protect the confidentiality of proprietary information received concerning CHA, not less than the same degree of care which I use to protect my own proprietary and confidential information, including not copying, publishing or disclosing proprietary information to others without the express permission of CHA.

By my signature, I declare and represent that I have had an adequate opportunity to inquire about my involvement as a volunteer and agree to the above terms.

Signature of Participant (or Guardian if under 18)

Date

Participant Agreements

By volunteering, I also consent that Celtic Heritage Alliance, Inc. and the Newport Celtic Festival & Highland Games may use my name and photograph in any related materials, publications and web pages. I also consent that my contact information to be shared with Celtic Heritage Alliance, Inc. staff and consent to them contacting me on matters related to the activity I am involved in.

Signature of Participant (or Guardian if under 18)

Date

By submitting this request, I also consent that Celtic Heritage Alliance, Inc. and the Newport Celtic Festival & Highland Games may perform a background check should I become involved in working with children at any stage in my volunteer efforts.

Signature of Participant (or Guardian if under 18)

Date

Office Use Only: ___ Reviewed ___ Accepted ___ Declined ___ Vetted Date Received: _____ Date Notified: _____ Initials ___ ___

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