



VOLUNTEER APPLICATION ARTS & DRAUGHTS BEER & WINE FESTIVAL

**PORT ANGELES DOWNTOWN ASSOCIATION •
PORTANGELESBEERFEST.COM
SEPTEMBER 20-21 2019**

All volunteers will receive complimentary admission into the festival
(tokens for beer tasting must be purchased.)

*please check the website for a complete list of events & schedule

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*= Required Field

*Date of Birth (must be 21 by date of event, IDs will be checked at the gate) MM/DD/YEAR _____/_____/_____

*Email _____ *Phone# _____

Preferred Dates & Times (please check all available dates & times)

Friday Afternoon Evening

Saturday Early AM Mid AM Afternoon Evening Night

Please indicate how many volunteer shirts are desired _____

*Volunteer shifts will not exceed 4 hours however you may volunteer for multiple shifts if desired

*Specific shift times will be announced prior to the event

Group Name: If you want to be placed with friends, please use a group name (such as someone's last name).

We will try our best to assign everyone in that group with or near each other. Leave blank if this does not apply to you.

Do you have a current WA State MAST permit? Yes No

Have you volunteered with us before? Yes No If yes, what was your function?

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

Volunteer Waiver: Read, Download & Sign at www.portangelesbeerfest.com

I have read & signed the 2019 Arts & Draughts Volunteer Waiver.

Signature _____

Date _____

Office use only:

Date Received _____ SWP Check _____ Assignment _____

Database entry# _____ Accepted Denied Date Notified _____