

Please read the [Release of Liability and Indemnity Agreement](#) before you fill out the form below.

***All fields required.**

- Yes I have read the Release of Liability and Indemnity Agreement.
- No I have not read the Release of Liability and Indemnity Agreement.

***All fields required.**



**Sail South Texas 2010
Volunteer Application Form**

*** Please mark area(s) of interest:**

- Beverage Booth
- Rest Areas
- Other

Referred by:

Availability: (Check all that apply)

- | | | | |
|--|--|--|--|
| Thurs. 10AM-3PM <input type="checkbox"/> | Fri. 4PM-6:30PM <input type="checkbox"/> | Sat. 4PM-6:30PM <input type="checkbox"/> | Sun. 4PM-6:30PM <input type="checkbox"/> |
| Thurs. 5PM-8PM <input type="checkbox"/> | Fri. 6:30PM-9PM <input type="checkbox"/> | Sat. 6:30PM-9PM <input type="checkbox"/> | Sun. 6:30PM-9PM <input type="checkbox"/> |
| Thurs. 8PM-12AM <input type="checkbox"/> | Fri. 9PM-12AM <input type="checkbox"/> | Sat. 9PM-12AM <input type="checkbox"/> | Sun. 9PM-12AM <input type="checkbox"/> |

*** T-Shirt Size (pick one)**

- SM MED
- LG XL

***All fields required.**

* Full Name:

* Sex: M F

* Mailing Address:

* City: * State: * Zip: * D.O.B. (mm/dd/yy):

* Preferred contact phone #: * (choose one) Home Work Cell

* E-mail:

* Business/Firm Name: * Title / Position

*New Volunteer? Yes No

*If NO - # of Years Served

***All fields required.**

TO: All Volunteer Program Participants

The Sail South Texas 2010 Volunteer Management Program requires written acknowledgement by each volunteer that he or she has reviewed the Release of Liability and Indemnity Agreement as well as the Code of Ethics Policy. Your understanding of this policy is important not only to the continued integrity, community respect and well being of Sail South Texas 2010, but also to minimize your own personal liability for inadvertent violations of law or regulations. If you have any questions, please contact the volunteer coordinator.

Please read the agreements on the following page; initial, sign and date this page and return to Sail South Texas 2010 by FAX to: (361)882-7110 or by MAIL to: PO Box 1541, Corpus Christi, Texas 78403.

Release of Liability and Indemnity Agreement, Code of Ethics Acknowledgement and Authorization for Background Check.

(initials) * I have read and agree to the terms of Release of Liability and Indemnity Agreement outlined on the link above.

(initials) * I acknowledge that I have reviewed the Sail South Texas 2010 Volunteer Management Program Code of Ethics Policy referenced in the link above and agree to abide by its standards. I understand if selected as a volunteer of Sail South Texas 2010 that I must abide by all the rules, code of ethics, regulations and policies and agree to do so. I also understand that being

a volunteer is a privilege, and may not be transferred or assigned. I also understand that applying as a volunteer does not guarantee committee appointment and that Sail South Texas 2010 reserves the right to revoke volunteer status.

(initials)

* I understand that by applying to volunteer for Sail South Texas 2010, I consent to a background investigation. Sail South Texas 2010 reserves the right to exercise this policy at the discretion of the commission and its board of directors.

* Applicant's name as it appears on Driver's License:

* State issued and expiration date:

* Driver's License #:

*All fields required.

* I, , confirm all information is accurate to the best of my knowledge.

* Date:

Submit

Reset