

**Please email completed application to:**  
[scuster@auburnalabama.org](mailto:scuster@auburnalabama.org)

**Or, mail completed application to:**  
Auburn CityFest Headquarters  
Attn: CityFest Volunteers  
425 Perry St., Auburn, Ala. 36830

# Auburn CityFest

Saturday April 30, 2022

Kiesel Park

9 a.m. – 4 p.m.

## VOLUNTEER APPLICATION

***Application must be received by April 28, 2022***

Name \_\_\_\_\_

Phone \_\_\_\_\_

Organization Name (If Applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

**You will be contacted via email before the event regarding volunteer duties.**

Volunteers will be assigned to different shifts throughout the day. Please check the time(s) below that you would prefer to help. Feel free to sign up for more than one shift!

\_\_\_\_\_ **Early Morning (7 – 11 a.m.)**

\_\_\_\_\_ **Morning/Early Afternoon (9 a.m. – 1 p.m.)**

\_\_\_\_\_ **Afternoon (12:30 – 4:30 p.m.)**

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**Please indicate below if you need a letter of confirmation for your volunteer service.**

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

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**If you are volunteering at Auburn CityFest, your application is due by Thursday, April 28, 2022 by 5 p.m.**

**For additional information about volunteering at Auburn CityFest, please call (334) 501-2963 or visit [auburncityfest.com](http://auburncityfest.com).**

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**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

I/we, the undersigned, for and in consideration of permission to participate as a volunteer for Auburn CityFest on April 30, 2022, agree to indemnify, hold harmless, and defend the City of Auburn, Alabama, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expense, including attorney's fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities preparing for Auburn CityFest, participating in Auburn CityFest or traveling to or from Auburn CityFest. In the event of any emergency, I/we authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF VOLUNTEER IS UNDER 19 YEARS OF AGE.