

## I-CON Volunteer Signup Sheet

**Name**- Last \_\_\_\_\_ First \_\_\_\_\_

Phone Number \_\_\_\_\_

**Address** Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Have you volunteered for us in the past? (Please circle) Yes/No

### Emergency contact (required for all volunteers)

Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**Do you have any medical conditions we need to know about? If so please explain:**

\_\_\_\_\_

### **The convention hours are as follows:**

Friday 4pm to 2am, Saturday 8:30 am to 2 am, Sunday 8:30 am to 8pm.

You are required to work 8 hours during the course of the convention.

Please list the times you are **NOT** available to work.

**Friday:** \_\_\_\_\_

**Saturday:** \_\_\_\_\_

**Sunday:** \_\_\_\_\_

Are you available for Setup/breakdown work? (Check if applicable)

Thursday Evening \_\_\_ Friday Morning/ Afternoon \_\_\_ Sunday evening \_\_\_

### Waiver

I understand that I am responsible for my own actions and am expected to behave in a mature and professional manner. I assume all responsibility for my personal safety and well being.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Deposit

I understand that to receive a refund of my deposit I must complete my hours and have my timecard validated at the Volunteers Desk.

Signature: \_\_\_\_\_

### Parental Consent

Are you over 18 years old? Yes/No If not, minor's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I, (print) \_\_\_\_\_, give permission for my child, (print) \_\_\_\_\_ to volunteer for I-CON.

I certify that my child will be at least 16 years old as of the convention and I understand that I am responsible for the actions of my child.

Signature of parent or guardian: \_\_\_\_\_

### -----For I-CON use only-----

Primary type of volunteer work (circle)

Gopher/Minion (general volunteer)

Door

Setup/Breakdown

Deposit received Yes/No

Hours Completed Yes/No

Deposit refunded Yes/No