

Wings Over Gillespie Air Show

1905 North Marshall Drive, El Cajon, Ca 92020 air show website at www.wingsovergillespie.org

Volunteer Application

Complete this form and deliver to the address or email to: betsy.brown@cox.com. We will do our best to assign you to your preferred choice, but please understand that your area of preference may be full and/or your help may be need in other areas. All applications require Chairperson approval/signature. Volunteers must complete the form each year.

Please print all information clearly:

Name: _____

Address: _____

City: _____

Zip Code: _____

Daytime Phone: _____

Evening Phone _____

Cell Phone: _____

Email Address: _____

Employer/ Occupation: _____

Emergency Contact/ phone: _____

Volunteer Opportunities

Assist with set up on 6/4 (Fri)

Tear down on 6/7 (Mon)

Crowd Control

Parking & Traffic

Driver

Front Gate (ticket takers)

Photography

PX Cashier

Kids Area

Medical

Safety

Office clerical

Security

Chalet tent

Beer Garden

Dates and hours you are available to work

| Days | Shift available AM or PM or both |
|-----------------|----------------------------------|
| Friday June 4 | |
| Saturday June 5 | |
| Sunday June 6 | |
| Monday June 7 | |

General Waiver: I will hold harmless and indemnity CAF Air Group One Inc., a 501 C3 organization, its affiliated companies and officers, director and employees from and against any loss, damage, liability, claims, cost and expense including legal fees which may be incurred by reason of the volunteer's participation in the activities and event by CAF Air Group One and its agents. I have read and understand the foregoing General Waiver and have signed it voluntarily.

Application can not be accepted without Committee Member's Signature.

Signature: _____ Date: _____

Parent/Guardian: _____

Signature of Parent/Guardian required if volunteer is less than 18 years of age. _____

Witness CAF Air Group One member: _____

_____ Check here if volunteer is less than 14 years of age. DOB: _____

Approved by Chairperson: _____

Office Use: Received by: _____ Date: _____