



CLOVER™

VOLUNTEER APPLICATION & AUTHORIZATION FORM

You MUST be at least 16 Years of Age to Volunteer for the CLOVER Festival.

† THANK YOU FOR HELPING TO CREATE A GLOBAL DANCE PARTY WITH A GREATER PURPOSE. †

Volunteer Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Volunteer Telephone: DAY _____ CELL: _____

IMPORTANT Volunteer Email: _____

Profession: _____

Skills: _____

Circle Areas of Interest: Beverage Service Hosting Operations Event Production

Marketing Material Distribution

Office Assistance

Mailings

Artwork Assistance

Days Available: (Circle All Available)

AUGUST 25

AUGUST 26

AUGUST 27

Times Available: (Minimum 4 Hour Shift is Required. Thank you. Please Circle All Available)

10AM – 2PM

2PM – 6PM

6PM – 10PM

COMMENTS:

Have you previously done volunteer or event/festival work? Please describe any experience:

IMPORTANT: T-Shirt Size (Please circle one.)

S

M

L

XL

WAIVER

I hereby release the CLOVER Festival and its Producer DEMF L.L.C., its officers, departments, employees, contractors, presenters, sponsors, contributors, or any other party involved in the operation of the CLOVER Festival, its general operations or brand activities, in which I agree to participate with and perform volunteer functions in any capacity, from all claims, damages, or actions arising from injury, death, illness or damage incurred or suffered by me or any other person, or damage to the property of any other person a result of my participation, including pre-event and post event work, at the office, festival site or another location, without regard to whether such claims, damages, or actions result from the negligence of the person released hereunder. Furthermore, I certify that my participation is at the will of DEMF L.L.C. My participation is strictly volunteer in nature and in all aspects, and no monetary or other compensation is expected, promised, implied or otherwise indicated to be received by me at any time for any role I may perform in association with my CLOVER Festival volunteer activities. Any information learned by me in regard to the CLOVER Festival and DEMF L.L.C. and its business activities or interests shall remain confidential at all times.

I hereby warrant that I am of legal contractual age and have the right to contract in my own name. If I am not of legal contractual age, I must obtain my parent or legal guardian permission to participate as a volunteer under the terms of this authorization form and they must sign below indicating such permission is granted.

I have read the above information, prior to my signature, and I am fully familiar with the contents thereof. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Volunteer Applicant Signature

Volunteer Applicant Name Printed

Date of Application

Volunteer Parent or Legal Guardian Signature if Under 18 Years of Age.

Parent or Legal Guardian Printed Name & Telephone Number

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PLEASE FAX TO: 313 • 831 • 3503 OR EMAIL: volunteers@cloverfestival.com OR U.S. MAIL: CLOVER • Attention: VOLUNTEERS • 4160 Woodward Avenue • Detroit • Michigan • 48201 (FESTIVAL USE ONLY.)

AUTHORIZATION

COMMENTS:

CLOVER™
The Christian Dance Music Festival

There is a Time to Dance: ~ Ecclesiastes 3:14
The Time is NOW.

† 4160 WOODWARD AVENUE † DETROIT † MICHIGAN † 48201 † U.S.A. †
† P•313 831 3500 † F•313 831 3503 † CLOVERFESTIVAL.COM †