



University United Festival

CHAIRWOMAN

Taisha St. Jean

SPONSORSHIP CHAIRWOMAN

Sandra D. Munson

VOLUNTEERS CHAIRWOMEN

Doris Corley

Myra Robinson Moses

VENDOR CHAIRMAN

Jordan Silva

PARADE CHAIR

Hello:

Thank you for your interest in volunteering for the University United Festival and the activities that coincide with this event. Volunteers are an essential and valued part of this celebration. Listed below are the Volunteer Rules of Participation.

Volunteer Rules of Participation:

1. All volunteers must complete and agree to the Volunteer Memorandum of Understanding (MOU).
2. If under the age of 18, Volunteers must have a parent/guardian signature on the Volunteer MOU
3. All volunteers must have respect for general public decency and moral value.
4. All Volunteers must be approved by the Volunteer Committee
5. Volunteers are accepted based on the fact that they have come to us of their own free will.
6. Must have Volunteer badge visible to the public at all times while working for the parade. Badges will be provided by the committee the day of the parade.
7. No political or electoral propaganda will be allowed.



By submitting this form, I do hereby acknowledge and agree to adhere to all regulations, Federal, State, City and otherwise governing the University United Festival. I also have read, understand and agree to the Bylaws set forth by the University United Festival.

I further acknowledge that my participation in the University United Festival is completely voluntary. In the event that I am injured, become ill, unconscious, or fatally harmed while participating in the University United Festival, I fully understand that I am NOT entitled to any civil damages and that no party sponsoring or co-sponsoring this event is liable for any civil damages.

For more information or questions please contact: Doris Corley at 716-851-5165.

| APPLICANT INFORMATION | | |
|--|---------------|------------------|
| Name: | | |
| Date of Birth: | Availability: | Phone: Email: |
| Current Address: | | |
| City: | State: | Zip Code: |
| EMERGENCY CONTACT | | |
| Name of a relative: | | |
| Address: | | Phone: |
| City: | State: | Zip Code: |
| Relationship: | | |
| SIGNATURES | | |
| Signature of Applicant: | | Date: |
| T-Shirt Size: | | |
| Parent Signature: (If Applicant under 18) | | |