

**SUMTUR AMPHITHEATER**  
**11691 South 108 Street**  
**Papillion, NE 68046**

**EVENT VOLUNTEER FORM**

*Thank you for your interest in volunteering. You will have a great time as part of the event crew and we are grateful for your support.*

**Please print and fill in ALL information completely.**

First Name \_\_\_\_\_ Middle I. \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Adult T-Shirt Size: \_\_ S \_\_ M \_\_ L \_\_ XL \_\_ Other \_\_\_\_\_

\* Previous event experience: \_\_ Y \_\_ N      \* If so, please describe: \_\_\_\_\_

Please list skills/certifications: \_\_\_\_\_

Please list areas of interest: \_\_\_\_\_

When are you available? \_\_\_\_\_  
(Please include dates and times as some events are setup the day prior).

**Waiver – Please read and sign below to agree to the terms:**

I fully understand the nature of this activity and I waive and release/hold harmless the City of Papillion Recreation Department and any of its agents, employees, officers, council members, sponsors, and charities for any and all rights and claims for damages or costs I may have. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I will additionally permit the use of my or my child(ren)'s name and image in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of myself in relation to this event. As a participating volunteer, I certify that all the information provided in this form is true and complete. I have read and clearly understand the above statement. I realize this is a contract between myself and the City of Papillion Recreation Department and is a release of liability. I sign it of my own free will. If under 18 years old, parent/guardian must sign.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Parent/Guardian (if under 18 years of age)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Please return this form to:** Papillion Recreation Department 1100 W. Lincoln Road Papillion, NE 68046  
**Fax to:** (402) 597-2080    **E-mail (as a .pdf):** [papillionrecdept@papillion.org](mailto:papillionrecdept@papillion.org)

For more information, please contact us at (402) 597-2041 or visit us online at [www.papillion.org](http://www.papillion.org).

