

WSEC

WESTMONT SPECIAL EVENTS CORPORATION
ONE SOUTH CASS AVENUE #102, WESTMONT, IL 60559
630-829-WEST, SPECIALEVENTS@WESTMONT.IL.GOV

2010 Taste of Westmont Adult Volunteer Form

WESTMONT SPECIAL EVENTS CORPORATION (WSEC)

The mission of the WSEC is to assist the community in the successful development, promotion and execution of various special events. Events chosen by the WSEC are based on need for assistance, potential community interest, and the ability of the WSEC Board to undertake the project according to available time and resources.

WE NEED YOU!!!

It takes a lot of hands, minds and hearts to continue with special events in our community. Please volunteer during the Taste of Westmont on July 9th-11th and be a part of the Westmont community.

Name (please print): _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address: _____

Best time to reach me is: AM _____; PM _____; EVE _____

Best way(s) to reach me: Home # _____; Work # _____; Cell # _____; Email _____

Are you involved with other organizations: (Service clubs, PTOs, etc.): _____

I am interested in the following area(s):

_____ Alcohol Tent Cashier (21 and older)

_____ Beanbag Tournament

_____ Beer Tent (21 and older)

_____ Event Greeter

_____ Margarita Tent (21 and older)

_____ Pop and Water Tent

_____ Volunteer Check In

_____ Other _____

T-Shirt Size (Available in adult sizes only) _____

Yes, I am interested in additional volunteer opportunities with Westmont Special Events Corporation

Please **complete both sides** and mail completed form to: **Westmont Special Events Corporation**
One South Cass Avenue #102
Westmont, IL 60559
Attn: Volunteer

Thank you for volunteering your help to make this event a success!

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2010 Taste of Westmont Adult Volunteer Liability Disclaimer

I/We the undersigned VOLUNTEER(S), hereby RELEASE, DISCHARGE and WAIVE any claims, actions, or suit of any character, name and description that I/WE may have against the WESTMONT SPECIAL EVENTS CORPORATION, or its officers, agents, or employees as a result of any injuries and death received or sustained by the VOLUNTEER(S), as a result of any work done on the Taste of Westmont and/or any other event.

The undersigned have read and fully understand this agreement, and have not been offered any additional consideration or enticement, nor have coerced to execute this agreement fully for the purposes and considerations expressed herein.

Signature: _____ Date: _____

Person to contact in case of an Emergency

(This should be a person who can give permission for medical treatment)

Name (please print): _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____