



24TH Annual San Dimas Charity Pro Rodeo



Thank you for your interest in volunteering at the San Dimas Charity Pro Rodeo. There are a number of volunteer opportunities and your support is key to the success of this year's rodeo. We truly appreciate your help, we cannot do it without you! Please return this signed form along with the Waiver & Release Form.

GENERAL INFORMATION / RULES & REQUIREMENTS

- Minors must be at least 15 years old, enrolled in High School and show a valid photo I.D. when checking in at the Rodeo.
- Volunteer shirt, name tag/wrist band must be worn at all times.
- Closed toe shoes are required, suntan lotion, chap stick and hats are recommended.
- Drinking alcoholic beverages while "volunteering" is strictly prohibited.
- Rodeo volunteers represent the San Dimas Charity Pro Rodeo, please act professionally.
- While volunteering, you will receive a coupon for lunch (typically one hot dog or hamburger and one soft drink) and bottled water throughout the day.
- Tip jar contributions are considered donations to the Rodeo.
- We cannot be responsible for lost or stolen items. Please leave your personal items at home or locked in your car out of sight.
- Park or be dropped off in the area marked "Volunteer Parking". Do not enter at the main entrance (ticket booth).
- If volunteers work one day of the rodeo, they are offered one general admission ticket for the second day.

Please select two from the areas listed below and number them in order of preference. NOTE: Unless otherwise notified, daily shifts begin at 9:30am and end at 4:30pm on Saturday and Sunday performances.

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| ___ Any Location | ___ Gate Security | ___ Parking |
| ___ Beer/Margarita Booths / I.D.Check (21+) | ___ Grounds Upkeep | ___ Ticket Booth |
| ___ Entrance Gate Greeter/Ticket Taker | ___ Merchandise | ___ VIP Tent (Serve / Clean / As Needed) |
| ___ Board Selected Volunteer (Provide Name of Board Member & Location) _____ | | |

Please select which day(s) you would like to volunteer:(Performance days qualify for free rodeo ticket)

Saturday October 13 _____ Sunday October 14 _____

ALL VOLUNTEERS MUST ATTEND ONE MANDATORY ORIENTATION MEETING. (Please select one):

Location: San Dimas Community Hospital ~ 1350 W. Covina Blvd., San Dimas, CA 91773 (Meeting room doors are to the right of the hospital entrance)

Wednesday October 3rd 6:30PM _____ or 7:00PM _____
Sunday October 7th 10:00AM _____ or 10:30AM _____

VOLUNTEER INFORMATION ALL FIELDS MUST BE COMPLETED

Name: _____ DOB: _____ Shirt Size: _____

Address: _____ City, State, Zip: _____

Phone:(Circle one) Home / Cell (_____) _____ Email: _____

Emergency Contact (EC) Name: _____ Relationship _____ EC Phone (_____) _____

- Letter/Form is needed for verification of service hours completed: (Please circle one) School Service Hours / Community Service Hours
- I would like to be contacted to volunteer for additional events sponsored by the San Dimas Rodeo throughout the year.

I acknowledge I have read the General Information and I agree to abide by the Rules and Requirements. Should I fail to follow these rules and requirements, I understand I may forfeit my opportunity to volunteer with this organization.

Volunteer Signature	Date	Parent/Guardian Signature (if minor)	Date
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