VOLUNTEER APPLICATION

Please complete and r	eturn to:			
Ifa Journey Promotion	ns			
P.O. Box 6171				
Oroville, CA 95966				
Email: Info@Oroville	rockreggaejamfest.com			
Volunteer contact d	etails:			
Name:				
Female/Male (Circle	One)			
Shirt Size Small Med	lium Large Extra Large 2XXL 3X	XXXL Circle On	e	
Address:				
Date of Birth:				
Home Phone Number:		Mobile:		
Email Address:				
List Any Previous or	Current Volunteer Experience			
Employer	Position /Major Respons	ibility	Date of Service month / Year	
1				
2				
3				
4				

	Security				
	Parking				
	Children's Corner				
	Lifeguard				
	Clean Up				
	Admissions				
	Stage Setup				
	Camping Coordination				
	Kitchen				
What Days and Time are you available to work?					
Check as many day(s) and circle time(s)					
	Thursday	Morning	Afternoon	Evening	
	Friday	Morning	Afternoon	Evening	Overnight
	Saturday	Morning	Afternoon	Evening	Overnight
	Sunday)	Morning	Afternoon	Evening	Overnight
	Monday	Morning	Afternoon		

Which volunteer work are you interested in? Check as many as you like.

Describe your relevant volunteer work/experience:

List the skills/qualities that you will bring to the role your interested in.				