



Gables Hispanic Cultural Foundation, Inc.
Lucia Zas Vice President 305-431-9703

VOLUNTEER REQUEST FORM

I am interested in doing volunteer time helping with the preparation and during the day of the Gables Hispanic Festival Saturday and Sunday, October 21 & 22 2017.

NAME: _____

ADDRESS: _____

CITY: _____ STATE ____ ZIPCODE: _____

PHONE #: _____ DATE OF BIRTH: _____ AGE: _____

GENDER: (F) ____ (M) ____

SCHOOL ATTENDING: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: (If under 18 years) _____

PARENT/GUARDIAN PHONE #: (If under 18 years) _____

PARENT EMAIL ADDRESS: (If under 18 years) _____

DAYS AVAILABLE FOR VOLUNTEER FOR THE FESTIVAL (circle all that apply)

SAT.

SUN.

DAY OF THE FESTIVAL TIME AVAILABLE FOR VOLUNTEER:

SHIFTS: CIRCLE AS MANY AS YOU WANT: (or write the times you can volunteer).

(8am to 12pm) (12:00pm to 4:30pm) (5:30pm to 10:00pm)

VOLUNTEER SIGNATURE: _____

I authorized my child to do volunteer work for the Gables Hispanic Cultural Foundation, Inc during the preparation and the day of the Gables Hispanic Cultural Festival.

PARENT SIGNATURE: (if under 18 years) _____

*If you are using volunteers hours as part of your community work school requirements. Please provide us with the proper school documentation.

Do not write below

For Foundation approval

Date: _____ Festival Volunteer Coordinator approval signature: _____