



# COS150 Downtown Celebration

## Volunteer Application

**Date:** July 31, 2021 **Time:** 12pm-8pm

**Location:** Downtown Colorado Springs— Vermijo Ave.

Happy birthday, Colorado Springs – we’re going to **#PartyLikeIts1871!** A community parade through time will kick off the festivities on Tejon Street, followed by live music, food and fun in downtown Colorado Springs.

**Available Time Slots (Choose 1):**

- 8am-12pm - Set Up
- 10am - 2pm - Festival
- 1:30pm - 5:30pm - Festival
- 5pm - 9pm - Festival
- 7pm - 10pm - Tear Down

**Physical Restrictions:**

Please check any activity you are **unable** to perform:

- Heavy Lifting
- Sitting for long periods at a time
- Standing for long periods at a time

Please list any other restrictions:

Volunteers are needed to assist with a variety of functions including, but not limited to: set-up, vendor check in, event operations and tear down.

Please be prepared for inclement weather, including rain, hail or extreme heat.

Volunteer t-shirts and lunches will be provided.

**Please enter your information below:**

**First and Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Phone Number (Day of Event):** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

## VOLUNTEER WAIVER

I, **(PLEASE PRINT)** \_\_\_\_\_, offer to volunteer my services for the Sesquicentennial Downtown Celebration (Event) produced by the City of Colorado Springs (City). I understand that I am working at all times on a voluntary basis, and will not be paid in any way and that this agreement can be canceled at any time by the Event, City, or by me. **The City or Event may use my photo for any publications and/or productions.**

I acknowledge that this event is open to the public and that the City of Colorado Springs is not responsible for screening other volunteers or members of the public for any infectious disease. I voluntarily assume the risk of exposure to infectious diseases by attending the Event, and understands that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected any infectious disease may result from the actions, omissions, or negligence of self and others, including, but not limited to, City employees, volunteers, and event participants and their families.

I release the City of Colorado Springs and the Parks, Recreation and Cultural Services Department and project sponsors, their employees, agents, leaders, in-structors, contractors and volunteers from any liability for loss or injury to property or myself. This release applies to any losses or injuries, which may occur as a result of, or during my participation in volunteer service.

I realize that this release is a binding contract. I have read and do understand it. I knowingly and voluntarily sign below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Parent Guardian

Please email you application to the Office of Special Events at [events@coloradosprings.gov](mailto:events@coloradosprings.gov)  
All applications will be reviewed and someone from the City of Colorado Springs Special Events planning committee will contact you if you are accepted as a volunteer.