



“Marianas Strong” 2019 Liberation Day Celebration



Volunteer Application Form

Thank you for your interest in volunteering with the 2019 Liberation Day Committee. All volunteer applications are reviewed with consideration of current volunteer opportunities. Please seal completed application in an envelope, and submit it to the Saipan Mayor’s Office on CTC Building, Teer Drive, Oleai. If you have any question or concern, you can contact Saipan Mayor’s Office at (670) 234-6208.

Personal Details

Name: _____
Mr. Mrs. Miss Ms.

Mailing Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Occupation: _____
(If you are a student, please insert school name)

Birth-date: _____
Day/ Month / Year

In case of an emergency, who should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____



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Equal Opportunities

The 2019 Liberation Day Committee is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age. The 2019 Liberation Day Committee fully supports a working environment free from discrimination and harassment.

The 2019 Liberation Day Committee is committed to abiding by all CNMI laws and rules and regulations that protect children and families. Because your volunteer role may have direct contact with children, you will be required to inform the committee immediately if you are a registered Sex Offender. In the meantime, please complete the question below.

Have you ever been convicted of any crime?

Yes No

If you marked yes, please provide details below.



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Your Skills and Interests

1. Have you ever done any voluntary work before? Yes/ No
If you have answered yes, please tell us a little about the experience

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specific position? Yes/ No
If yes, please write the following: Position Title _____

5. What kind of voluntary work interests you?

6. Which Sub-Committee are you interested in volunteering with?

- Liberation Queen's/ Royal Court
- Float & Parade
- Concession/ Booth Operations
- Carnival Grounds
- Entertainment



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7. When are you available for your voluntary work? Totally flexible

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

8. How long do you intend to volunteer for? _____
(Note that some opportunities demand a minimum time commitment, e.g. Parade & Float)

9. How did you find out about volunteering with the 2019 Liberation Day Committee?

- Information/ Outreach meeting
- 2019 Liberation Social Media Page
- Leaflet/ Poster
- Word of Mouth
- Media Radio/ Television/ Newspaper. If newspaper, please specify _____
- Other



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References

1. Name: _____ Relationship: _____

Place of work: _____ Position: _____

Telephone: (Home) _____ (Mobile) _____

E-mail: _____

2. Name: _____ Relationship: _____

Place of work: _____ Position: _____

E-mail: _____

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true.

Signed _____ Date _____

For office use only

Notes

Volunteer position: _____

Volunteer interview: _____

Volunteer role description sent: _____

References collected: _____

Volunteer start date: _____

Volunteer end date: _____

Total Community Service Hours (for students): _____



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2019 Liberation Day Festivities Volunteer Program Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a volunteer in the 2019 Liberation Day Festivities.

I agree that in consideration for the right to allow my child to participate in 2019 Liberation Day Festival Volunteer Program:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child while participating in the 2019 Liberation Day Festival Volunteer Program.
2. In addition to giving my full consent for my child’s participation, I do hereby waive, release, discharge and agree not to sue the 2019 Liberation Day Festival Committee and Sub-Committee members, the Saipan Mayor’s Office, the CNMI Government, the Skywalker Communications Group or any person or entity connected with it for any personal injury claims, damages, costs including attorney’s fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties. All claims for the parties involved are hereby released.

I hereby certify that my child is fully capable of participating in the activities of this said 2019 Liberation Day Festival Volunteer Program Institute and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in the activities, except as made known to the Committee, Sub-Committee, or the officials of the organization.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties from any and all claims, personal injuries, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.



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I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

Name of parent or legal guardian (printed) _____

Signature of parent or legal guardian _____

Complete address: _____

Name of child (please print) _____

Date signed _____

Date received by the 2019 Liberation Day Festival Volunteer Program _____