



DOWNTOWN IMPROVEMENT BOARD
 An Authority of the City of Panama City, Florida
 413 Harrison Avenue
 Panama City, Florida 32401
 (850) 785-2554 Fax (850) 784-4439

Volunteer Registration

Personal Information:

First Name: _____ Last Name: _____ DOB: _____
 Phone: _____ Cell: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Company: _____ E-mail: _____

Emergency Contact:

Name: _____ Relationship: _____
 Phone #: _____ Mobile #: _____

In case of emergencies, do you have any medical conditions that we need to know about including allergies?

Availability (Please check when you are available to volunteer; include specific timeframes if necessary):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Have you ever been arrested, pled guilty, been convicted of, OR pled nolo contendere to any crime?
Yes _____ No _____

Do you currently have any law violations pending against you? Yes _____ No _____

If yes to either question, list charges, date of conviction, location and penalty. You may omit minor traffic violations and any offense committed as a minor, which was adjudicated in a juvenile court or under a youth offender law.

Special Placement Request: (Please circle the events that interest you or check here for ALL)

St. Andrew's Mardi Gras
(February 12 & 13)

Friday Fest
(First Friday of every month
March-Nov. except October)

Chautauqua Wine Tasting
(March 26)

Salute to Freedom
(July 4th)

Oktoberfest
(October 1 & 2)

Festival of Nations
(November 13 & 14)

Home for the Holidays
(Nov. 26, Dec. 3, 10, 17)

Please Indicate Your T-Shirt Size:

SMALL: _____
MEDIUM: _____
LARGE: _____
X-LARGE: _____
XX- LARGE: _____

Volunteers under 18:

Parent Consent: I have read the Volunteer Program Application and give my consent for my son/daughter to apply for the program.

Parent Signature Date _____/_____/_____

Certificate of Applicant: I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal from the program.

Applicant Signature Date _____/_____/_____

**PANAMA CITY DOWNTOWN IMPROVEMENT BOARD
RELEASE & WAIVER**

I, WE (PARENT'S NAME) _____, give permission for
(Please print)

MYSELF and/or FAMILY to participate in activities conducted by the Panama City Downtown Improvement Board. I/We realize that the Panama City Downtown Improvement Board carries no medical insurance covering participation in these activities. I/We agree to release the Panama City Downtown Improvement Board from any liability of any kind for any and all damages arising out of any loss or injury resulting from my/our child's participating in any activities of any kind in an any way connected to the Panama City Downtown Improvement Board, or use of any facilities or equipment made available by the Panama City Downtown Improvement Board. This release includes a release for any and all losses or injury arising out of any act or omission or negligence of the Panama City Downtown Improvement Board, its agents, employees, or activity supervisors specifically concerning or arising out of the Panama City Downtown Improvement Board events.

This release constitutes a release or waiver of all claims against the Panama City Downtown Improvement Board, including those claims arising out of the negligence of the Panama City Downtown Improvement Board, its agents, and employees. This release and waiver is limited to activities conducted by or on behalf of the Panama City Downtown Improvement Board. Please read carefully before signing. This release is signed of my/our free act and will.

Signature (Self, Parent or Guardian)

Date

Photo Consent: I hereby give consent to the use of any photographs taken by the Panama City Downtown Improvement Board, its employees, agents, assigns and/or elected officials of myself or my children during participation in this program, class, or event, for which the above Release and Waiver has been executed. I agree such photographs shall be the sole property of the Panama City Downtown Improvement Board and neither I nor the individual(s) on whose behalf this consent is signed are entitled to compensation of any kind for the use of such photographs by the Board, its employees, agents, assigns, or elected officials.

Signature (Self, Parent or Guardian)

Date

(Return to: The Panama City Downtown Improvement Board, 413 Harrison Avenue, Panama City, FL 32401)