

**WEEKI WACHEE SPRINGS STATE PARK
WILD 'N WICKED NIGHTS 2017
VOLUNTEER APPLICATION**

Name: _____

Phone Number: _____

Email Address: _____

Desired Area: Character Games Other

Are you available for every night of the event: Yes No

If **no** what nights are you available: _____

Have you volunteered at Weeki Wachee in the past: Yes No

If yes, please provide years and jobs performed:

This event may not give you the opportunity to take breaks.

Are you okay with this: Yes No

Are you able to provide a costume / make-up: Yes No

PLEASE NOTE THAT WE WILL TRY TO GET YOU IN THE AREA YOU DESIRE,

HOWEVER; YOU MAY BE ASSIGNED TO ANOTHER AREA IF NEEDED.

“YOU MUST STAY IN THE AREA YOU ARE ASSIGNED FOR THE ENTIRE EVENT NIGHT”

Volunteer Signature: _____

Parent Signature: _____

IF UNDER 18 YEARS OF AGE

Approver Signature: _____