



# AccessAbilityfest

Bringing resources and recreation to people with disabilities and their families

## VOLUNTEER REGISTRATION

Sunday, October 30<sup>th</sup>, 2011

**Location:** Morgan's Wonderland 5223 David Edwards Drive • San Antonio, Texas 78233

**Schedule:** 7:30am – 12:00pm Set-up  
 11:00pm – 2:30pm Event Shift I  
 1:30pm – 5:00pm Event Shift II  
 4:00pm – 6:30pm Tear-Down/Clean Up

**Deadline:** October 21<sup>st</sup>, 2011 or until all volunteer slots are filled

Event Shift positions will be assigned as forms are received. Positions include, but are not limited to greeters, counters, game monitors, hosts, directions, programs, food table monitors, guest registration, vendor helpers, etc. All effort will be made to assign group members to like positions.

**eMail/Fax Form or Questions:** Ann Marie Morrow • AccessAbility Fest • info@disabilitysa.org • Fax (866) 461-5481

**Please Select One:**

Individual       Volunteer Corp       Civic Group       Other: \_\_\_\_\_

Total Number in Group (if applicable): \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_\_ (please help us ensure we receive all pages of your volunteer registration)

Organization/Group (if applicable): \_\_\_\_\_

Contact Name : \_\_\_\_\_

Email (Required for Main Contact): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

URL (website): \_\_\_\_\_

**Shift A: 7:30am – 12pm Set-up      Shift B: 11am-2:30pm Event I      Shift C: 1:30pm-5pm Event II      Shift D: 4:00pm-6:30pm Tear-down**

If you're with a group, please list all volunteers attending and their shift selection:

|                |   |                |   |
|----------------|---|----------------|---|
| _____          | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | _____          | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
| Volunteer Name | Shift Selection   | Volunteer Name | Shift Selection   |
| _____          | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | _____          | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
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| Volunteer Name | Shift Selection   | Volunteer Name | Shift Selection   |

**Please make additional copies of this form as necessary.**