



**46th ANNUAL HARAMBEE FESTIVAL**

**Location: GROUNDS - 2922 Martin Luther King, Jr. Blvd. Dallas, Texas**

**Theme: "Seeing the Future in Our Children."**

**Date of Event: SATURDAY, OCTOBER 31, 2020; 10A.M. – 3:30P.M.**

**PLEASE PRINT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street & City)

Email Address \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size \_\_\_\_\_

In an emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Have you volunteered for The Harambee Festival within the last 3 years? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

Do you have any limitations to the type of work you can perform? \_\_\_\_\_

Volunteer Hours: 9:30am - 11:30am; 11:30am - 1:30pm; 1:30pm - 3:30pm

Pre-Harambee Volunteer Hours: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Location worked/date: \_\_\_\_\_

Desired work location. Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices. (All assignments are subject to change) Please arrive 15 minutes before your shift begins.

Set Up _____	Sign-in Table _____	Walk-up Guest Table _____	Hospitality _____	Guest Counter _____
Clean Up _____				

**"ALL VOLUNTEERS ARE SUBJECT TO BACKGROUND CHECK"**  
**RELEASE/WAIVER OF LIABILITY**

I, the undersigned, acknowledge my status as a volunteer at the Annual Harambee Festival, that I am not entitled to any compensation for performance of duties, that I am not entitled to any benefits, and that I am not covered by any worker's compensation program. Therefore, I hereby release the MLK Jr CC, and the Harambee Dallas Steering Committee from any claims/actions of any kind which may arise as a result of any injuries or damages received, including, but not limited to property damage, bodily injury or death arising out of or with any matter connected with my participation as a volunteer in this Community Volunteer Program.

I understand that I am subject to a criminal background check in order for me to serve as a volunteer.

Volunteer Signature \_\_\_\_\_

Parent/Legal Guardian (youth 16-18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

For information contact Danette Ausborne 972-374-6830; Fax applications to 214-670-8501

E-mail address: [danettedausborne@yahoo.com](mailto:danettedausborne@yahoo.com)