



2007 WONDERCON VOLUNTEER FORM

MARCH 2, 3 & 4

MOSCONE CENTER SOUTH, SAN FRANCISCO



Please complete and return form by mail to WonderCon Volunteers, PO Box 128458, San Diego, CA 92112-8458, by fax to 619-414-1022 or e-mail the info to ccivolunteers_SF@comic-con.org. Please put "WonderCon" in the subject line of your e-mail. Volunteers must be 15 years of age or older. Volunteers 18 and older will need a current photo ID with date of birth to show at the convention when you check in. **Minors ages 15-17 must have a parent/guardian fill out and sign the parental consent form below.**

The deadline to return forms to the office is February 16, 2007. Once your information is received, you will be sent a confirmation either by snail mail or e-mail. Beginning in February, additional details will be sent about the volunteer process, including when and where you can check in to get your first volunteer assignment. NOTE: If you cannot return your form by the deadline, bring it to the convention and sign up at the Volunteer Desk on site.

No specific skills are required to volunteer. Each day you volunteer, you may enjoy that day's convention events free of charge when you are not on assignment.

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE SECTIONS OF FORM

Name _____ Date _____

Mailing Address _____

City _____ State _____ ZIP _____

Daytime Contact Phone: () _____ home work Cell Phone: () _____

E-mail _____ In case of emergency, name of person we should contact:

Emergency contact's name _____ phone(s) () _____

Please check appropriate box:

Minor (15-17 years old - be sure parental consent form below is filled out and signed) 18 years or older

Please indicate when you think you will be available. Do NOT indicate specific times, as this is just to give us an idea of approximate availability for planning purposes.

DATE	Morning 7:30 am - 12 noon* Place an "X" in appropriate space(s)	Afternoon 12 noon - 4:30 pm* Place an "X" in appropriate space(s)	Evening 4:30 pm - 7:30 pm* Place an "X" in appropriate space(s)
Pre-Convention: TH MAR 1			
FRIDAY MAR 2, 2007			
SATURDAY MAR 3, 2007			
SUNDAY MAR 4, 2007			

*NOTE: Shifts will vary in length and time, i.e. 9-11 am, 8-10:30 am, 12-3 pm, 1:30-4:30 pm, 5-7:30 pm, etc.

PARENTAL CONSENT, MEDICAL WAIVER AND INDEMNITY AGREEMENT

I, _____ [name], warrant that I am the parent having legal custody of or the legal guardian of _____ [name of minor] ("Minor"), who was born on _____.

I understand and agree that Minor has the intention of volunteering time for WonderCon. I agree and consent to Minor's participation at WonderCon. I understand and agree that it is Minor's responsibility to find food, lodging and transportation to and from the location of any volunteer activity he/she agrees to perform. I further understand and agree that WonderCon, its agents, employees, heirs, successors and assigns are in no way responsible for providing food, lodging and/or transportation to the Minor. In the event of accident or injury to Minor while volunteering, I authorize WonderCon, its directors, officers, agents, employees, successors and assigns to seek and obtain medical and/or dental treatment and/or care for Minor. The authority granted by this Parental Consent, Medical Waiver and Indemnity Agreement includes the authority to consent to any medical and/or dental treatment and/or care to be rendered to Minor under the general and/or specific supervision of a qualified physician, surgeon or dentist. Furthermore, I agree to indemnify, defend and hold harmless WonderCon, its directors, officers, agents, employees, successors and assigns from any and all damages, losses, claims, liabilities, charges, suits, penalties, costs and/or expenses, including but not limited to court costs, attorneys' fees and expenses, resulting from any act (whether intentional or not), omission or negligence of Minor and/or from any injury occurring to Minor.

Signature of parent/guardian _____

Contact Phone (if different from above) () _____