**HAWAII SCOTTISH ASSOCIATION**

**Hawaiian Scottish Festival & Highland Games**

VOLUNTEER APPLICATION – 2024

Thank you for your interest in volunteering for the 2024 Hawaiian Scottish Festival and Highland Games (the “***HSFHG***”) presented by the Hawaii Scottish Association, a Hawaii nonprofit corporation (the “***HSA***”) to be held on April 6th  & 7th 2024, at Jefferson Elementary, Waikiki (the “***Event Location***”). This event relies on the support of its volunteers to put on a successful HSFHG. Please take a moment to complete the following information to confirm certain personal information, the areas of assistance you can provide and your availability during the HSFHG. **Please complete this application as thoroughly as possible.**

**Notice to Applicants, Employees and Volunteers: The HSA maintains a “zero tolerance” for abuse.**

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME: Please PRINT or TYPE | Cell Telephone No. | Home Telephone No. |
| ADDRESS: Street Number and Name, City, State, Zip Code | E-Mail Address | |

**Where would you like to help?**

|  |  |  |  |
| --- | --- | --- | --- |
| * Entry Gates | * Vendor Booths | * Breakdown | * Cleaning |
| * Keiki Area | * Clan Booths | * Dancers | * Runner |
| * Highland Games | * Set-up | * Parking | * ANYTHING |

*When you are available (check all that apply)?*

**Saturday, April 6**

* Morning (8am-1pm) q Afternoon (12noon-5pm) q Ceilidh Setup (4pm Elks Club) q Custom \_\_\_\_\_ - \_\_\_\_\_\_

**Sunday, April 7**

* Morning (8am-1pm) q Afternoon (12noon-5pm) q Custom \_\_\_\_\_ - \_\_\_\_\_\_
* Any restrictions to volunteer hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Additional Information**

|  |  |  |
| --- | --- | --- |
| Do you hold current CPR certification? | * Yes | * No |
| Do you hold current first aid certification? | * Yes | * No |
| Do you hold current lifeguard certification? | * Yes | * No |

I give my permission to be photographed as an HSA volunteer for the HSFHG for promotional use by HSA and HSFHG.

q Yes q No

**PRE-VOLUNTEER CERTIFICATION**

I understand that this application is only valid for the position applied for at present and that the HSFHG is not obligated to retain or consider this application for future events.

Initial

**LIMITED WAIVER AND RELEASE**

By my signature below, I do hereby KNOWINGLY AND VOLUNTARILY waive and release HSA and its officers, employees, and the other HSA volunteers for the HSFHG from any and all claims for damages, loss, or liability as a result of any personal injuries that may be incurred or suffered by me while acting as an HSA volunteer at the Event Location on April 6th, 7th, 2024.

This Waiver and Release expressly excludes and is not intended to cover or constitute a waiver or release of liability for any personal injuries incurred or suffered by me as a proximate result of the gross negligence or willful misconduct of any officer, employee, or other HSA volunteer of HFSHG while I am at the Event Location acting in my capacity as an HSA volunteer for the HFSHG.

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**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the HSA concerning the nature of my volunteering.**

Applicant Signature Date

If Applicant is Under 18 years of Age:

Parent or Guardian Signature Date