



Puerto Rican Festival, Inc.
Festival Puertorriqueño, Inc.
 130 N. Winton Rd. PO Box 10098 Rochester, NY 14610
 www.prfestival.com

VOLUNTEER APPLICATION 2016

| | | | |
|---|-----------------------------|--|-------------|
| Date _____ | | PLEASE PRINT OR TYPE IN BLACK INK | |
| Name <input type="checkbox"/> Mr. First Middle Initial Last | | | |
| <input type="checkbox"/> Mrs. | | | |
| <input type="checkbox"/> Miss. | | | |
| <input type="checkbox"/> Ms. | | | |
| Home Address | | | |
| City | State | Zip | County |
| Home Phone Number () | Cell Phone Number () | | |
| Fax Number: () | | E-Mail Address: | |
| Company Name: | | Job Title: | |
| Business Address: | | | |
| City | State | Zip | County |
| Preferred Mailing Address: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS | | Contact me by phone at: <input type="checkbox"/> HOME <input type="checkbox"/> CELL | |
| AREAS OF INTEREST/ DAYS and TIMES | | | |
| Please indicate your areas of interest, days and times: *NOTE* A minimum of 4 hours of volunteer time is required to gain FREE access to the festival for that day. | | | |
| <input type="radio"/> Entrance | Friday_____ | Saturday_____ | Sunday_____ |
| <input type="radio"/> Information | Friday_____ | Saturday_____ | Sunday_____ |
| <input type="radio"/> Children rides | Friday_____ | Saturday_____ | Sunday_____ |
| <input type="radio"/> ADHOC (wherever needed) | Friday_____ | Saturday_____ | Sunday_____ |
| <input type="radio"/> Set up and Break down | Friday_____ | Saturday_____ | Sunday_____ |
| Comments: _____ | | | |
| _____ | | | |

**Please return this form to:
 PUERTO RICAN FESTIVAL, INC.
 PO BOX 10098
 ROCHESTER, NY 14610**