



.....**VOLUNTEER INFORMATION**.....

Panelist Names: \_\_\_\_\_

*Names to appear in press materials*

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

.....**T-SHIRT SIZE**.....

SMALL       MEDIUM       LARGE       X-LARGE       XX-LARGE       XXX-LARGE

.....**VOLUNTEER SCHEDULING**.....

When would you be interested in volunteering?       FRIDAY       SATURDAY       BOTH

How long would you be interested in volunteering?       4 HOURS       8 HOURS       OTHER

What areas are you interested in volunteering?       ANY       SET-UP       CLEAN-UP       INFORMATION  
 CONTESTS       PANELS       PROP CHECK       CRAFTS

Do you have previous experience volunteering at conventions?       YES       NO

If yes, what type of experience? \_\_\_\_\_

.....**VOLUNTEER PHOTOGRAPHER**.....

Do you have previous experience volunteering at conventions?       YES       NO

If yes, what type of experience? \_\_\_\_\_

Do you have your own camera to use?       YES       NO

(If not, the Dover Public Library may be able to provide one.)

\*All photos must be sent to the Dover Public Library

.....**DISCLAIMER & SIGNATURE**.....

- Event will be held rain or shine on Saturday, August 6, 2016 from 10am - 5pm. Volunteers will be scheduled from 7am-7pm.
- Dover Public Library is not responsible for items lost, stolen, damaged or destroyed during festival.
- We will do our best to schedule you where you are most interested. We cannot guarantee a position where you would like.
- Leading up to the event, we will send out as much information as we can to keep you up to date about Comic Con events.
- Please be prepared to come in for a volunteer orientation meeting sometime before the event takes place.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Library Staff use only.

Reviewed \_\_\_/\_\_\_/\_\_\_     Accepted \_\_\_/\_\_\_/\_\_\_     Contacted \_\_\_/\_\_\_/\_\_\_     Confirmed \_\_\_/\_\_\_/\_\_\_