

## Buckeye Alpaca Fall Fest Volunteer Form

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

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Please check the box for the area you would like to volunteer.  
If you have specific days or times, please note in the area provided.

☐ Assist with tote bag stuffing on Thursday p.m. \_\_\_\_\_

☐ Assist exhibitors with unloading on Friday \_\_\_\_\_

☐ Assist with Health Check-In \_\_\_\_\_

☐ Assist with Friday Color Check \_\_\_\_\_

☐ Gate Keeper \_\_\_\_\_

☐ Hand out ribbons \_\_\_\_\_

☐ Assist with Walking Fleece Show on Saturday \_\_\_\_\_

☐ Assist with Walking Fleece Show on Sunday \_\_\_\_\_

☐ Assist with Youth Performance Classes \_\_\_\_\_

☐ Assist with Live Auction \_\_\_\_\_

☐ Assist with Silent Auction \_\_\_\_\_

☐ Assist with Meet & Greet Friday/Saturday \_\_\_\_\_

☐ Tear-down on Sunday \_\_\_\_\_

Volunteers are the backbone of our show. Thank you for your time and energy.

### ***Volunteers to read & sign:***

It is understood and agreed that the Organizers, facilities, AOA, Inc. or any of its sponsors, agents or employees shall not be held responsible for any loss, damage or injury to any person, property or animals which is caused directly or indirectly for any reason. The undersigned also agrees to hold harmless the above parties for any expenses or liabilities incurred, including but not limited to attorney's fees.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer/Parent