



# MCLEAN DAY STREET TEAM

## 2009 McLean Day Festival

### Saturday, May 16, 2009

Join the McLean Day Street Team! If you are between 13 and 21 and in need of community service hours this is for you. For helping us out you'll get an unlimited ride wristband, a special McLean Day Street Team t-shirt and much much more! There will be a Street Team orientation on Thursday, May 14<sup>th</sup> at Lewinsville Park at 4:00 p.m. You will get 1 hour of community service credit for the orientation. All volunteers must provide their own transportation to and from Lewinsville Park on the day of the event. McLean Day is held RAIN OR SHINE.

**RETURN THIS FORM TO THE MCLEAN COMMUNITY CENTER.**

|   |  |
|---|--|
| <b>FULL NAME:</b>   |  |
| <b>STREET ADDRESS:</b>  |  |
| <b>CITY, STATE, ZIP:</b>  |  |
| <b>HOME PHONE:</b>  |  |
| <b>CELL PHONE:</b>  |  |
| <b>EMAIL:</b><br><i>If you do not have an email please provide a parent's email address</i> |  |
| <b>AGE:</b>   |  |
| <b>Community Service Letter Required:</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**YOUTH VOLUNTEER OATH:**

*I will arrive at the event at my assigned time. If I am unable to do this, I will call 703-790-0123 and notify the Volunteer Coordinator, or the person at the MCC front desk. If at all possible, I will do this at least 24 hours before I am scheduled to arrive. I will remain at my post until my time slot has ended. If I am unable to do this, I will speak with the volunteer coordinator on duty. I will swap time slots and cover for other volunteers only with the approval of the MCC. I will perform my duties as assigned. If I have questions about what I am to do, I will ask the volunteer coordinator on duty. I will refer patrons to an MCC staff person on duty when questions arise that are not directly related to my assignment. I will be courteous and respectful of all event attendees, staff and other volunteers. I will wear appropriate attire to the event. I will focus on my assignment while I'm working. I will keep socializing to a minimum. I will never complain that I am bored.*

**Please sign here that you have read and understand the above:** \_\_\_\_\_

**Check the box for ALL the volunteer positions you are interested in. Positions will be assigned based on what's available at the time you submit your application. You will be notified of your position/time. For all positions: PLEASE ARRIVE 10-15 MINUTES PRIOR TO YOUR SHIFT TIME TO CHECK IN AND ARRIVE AT YOUR POST.**

| Position                                   | 7:00am – 10:00am | 11:00am – 2:00pm | 2:00pm – 5:00pm | 5:00pm – 7:00pm |
|--|------------------|------------------|-----------------|-----------------|
| Setup                                      |                  | Not Available    | Not Available   | Not Available   |
| Face Painting/Temporary Tattoo Application | Not Available    |                  |                 | Not Available   |
| Sticker Hand Out                           | Not Available    |                  |                 | Not Available   |
| Info Tent                                  | Not Available    |                  |                 | Not Available   |
| Survey Hand Out                            | Not Available    |                  |                 | Not Available   |
| Ride Ticket Line Monitor                   | Not Available    |                  |                 | Not Available   |
| Trackless Train Line Monitor               | Not Available    |                  |                 | Not Available   |
| Teardown                                   | Not Available    | Not Available    | Not Available   |                 |

*By submitting this form you agree to have your name or likeness used for marketing purposes after the event.*

**PLEASE FILL OUT BOTH SIDES OF THIS FORM ONLY IF YOU HAVE NEVER VOLUNTEERED FOR THE MCLEAN COMMUNITY CENTER BEFORE**

## EMERGENCY CONTACT INFORMATION REQUIRED FOR ALL VOLUNTEERS OF THE MCLEAN COMMUNITY CENTER

**Emergency Contact Information:**

|        |               |
|--------|---------------|
| Name:  | Relationship: |
| Phone: | Email:        |
|        |               |
| Name:  | Relationship: |
| Phone: | Email:        |

**Medical and Insurance info:**

|                                |  |
|--------------------------------|--|
| Allergies:                     |  |
| Symptoms of Allergic Reaction: |  |
| Treatment:                     |  |
| Blood Type:                    |  |
| Known Medical Conditions:      |  |
| Disabilities:                  |  |
| Medications taken regularly:   |  |
| Primary Physician:             |  |
| Physician Phone #:             |  |
| Medical Insurance:             |  |
| Insurance Phone #:             |  |
| Insurance Group Number:        |  |
| Insurance Policy Number:       |  |
| Policy Holder's Name:          |  |
| Relationship to Policy Holder: |  |

*In case of emergency: the staff of the McLean Community Center including its volunteers, have my permission to contact at my expense: 1) my physician; 2) nearest available physician if my physician is not able to respond; 3) Utilize the nearest volunteer rescue squad or ambulance to provide treatment and or transport me to the nearest medical facility for treatment. Fairfax County and the MCC prohibit harassment or discrimination of volunteers or employees, based on race, color, religion, sex, national origin, age, or disability. Your cooperation regarding this policy is required. I will uphold the professional standards of the McLean Community Center and acknowledge that the MCC staff and program participants are dependent upon my being present for the program(s) and scheduled time(s) for which I agree to serve. In the event it is necessary, I give my permission to the medical facility to which I am transported, in order to save life and or limb to proceed with medical treatment.*

- The above named is under the age of 21
- As parent or guardian of the minor above, I agree to the terms set forth above:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ (Date): \_\_\_\_\_

- I certify that I am over the age of 21 and agree to the terms set forth above

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ (Date): \_\_\_\_\_