



Grand Haven ArtWalk Volunteer Form

Volunteer Name: _____

Address: _____

Preferred Phone: _____ E-Mail: _____

I am interested in the following ArtWalk volunteer opportunities:

- Youth Competition Family Art Day – Lunch Crew
 Music & Artist Meet and Greet Youth Awards Reception
 Closing Awards Ceremony & Reception

Volunteer Disclaimer:

- I will conduct all volunteer activities with high standards, professionalism, and good taste, and will do nothing to damage the reputation or goodwill of ArtWalk.
- I acknowledge that I shall in no way be considered an employee or agent of ArtWalk.
- I acknowledge that in no instance will ArtWalk or its affiliates, agents or employees be liable to me for, and I fully release ArtWalk from, any claim, suit, action, loss, expense or liability relating to or arising from ArtWalk, or my participation in ArtWalk.
- The information provided in my Volunteer Application is true, correct and complete.
- I will follow all guidelines provided to me by ArtWalk.

By signing below, I acknowledge that I have read, understand, and agree to the terms of this volunteer disclaimer.

Volunteer Signature:

_____ Date: _____

Parent or Guardian Signature:

_____ Date: _____

Grand Haven Main Street
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616-844-1188
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www.ghartwalk.com

