



Volunteer Application Form 2020

Please complete and return to volunteerhighriverballoon@gmail.com

CONTACT INFORMATION

Name: _____

Please contact me regarding family members under 18 years of age who wish to volunteer

Email: _____

Phone

Home: _____ Cell: _____

VOLUNTEERING

Interest areas for volunteering (see website for descriptions):

Security Crewing Measuring Team Balloon Central
 Other _____

Do you have a valid driver's license? Yes No

Do you have a car / truck available for use when volunteering? Yes No

EXPERIENCE

Do you have previous experience with ballooning? Yes No

If yes, please describe your previous experience:

Have you volunteered for the Heritage Inn International Balloon Festival before?

Yes No

What areas?

Security Crewing Measuring Team Balloon Central

Other _____

AVAILABILITY

What days are you available to volunteer?

MORNING FLIGHTS

EVENING FLIGHTS

EVENT

Wednesday

Thursday

Thursday

Friday

Friday

Friday Glow

Saturday

Saturday

Saturday Glow (weather alternate)

Sunday

I consent to my application being kept on file and being contacted for future balloon festivals & events

Signature: _____

Date: _____