

Minnesota Comic Book Association Volunteer Application

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Name:				Pronouns:
Mailing Addre	ss (optional):			
Telephone : ()			E-Mail Address :	
				A in the past?did you decide to come back?
(Please Check	•	Day Day Day Day Day Day Day Day Day	□ Evening □ Evening □ Evening □ Evening □ Evening □ Evening	What is the amount of time you are able to donate? □ 01 - 10 hours per month □ 11 - 20 hours per month □ 20+ hours per month □ actual day of events only (one or more shifts for event-specific tasks)
□ Administra □ Branding a □ Fundraisin □ Historical (□ Volunteer a □ Community	and Marketing g (phone calls collecting and Organization y Outreach (hent / Event-Sp	nd/or Cor (advertis s, donation d organizing (outreach elping to decific Tas	mmittee members sing, newsletters, on solicitations, the ng documents, so and recruitment facilitate events a	e purposes of volunteering; ship, activities, etc.) flyer and poster distribution, etc.) ank you cards, etc.) canning, interviews, research, etc.) of potential new volunteers, etc.) at local schools and libraries, etc.) loor person, floor minder, food service, etc.)



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List any special skills you have that you think would be helpful as an MNCBA Volunteer:
To ensure you have a positive experience volunteering with the MNCBA, will you please share what objectives and/or goals you hope to accomplish as an MNCBA Volunteer:
Please share with us any special accommodations you will need: (Examples: communication preferences, disability accommodations, sensory issues, other preferences).
LEGAL AGREEMENT PLEASE READ COMPLETELY Volunteers shall at all times protect, indemnify, save, and keep harmless the Minnesota Comic Book Association, its members, volunteers, and venues in its entirety, against any and all form of loss, cost damage, liability or expense. Including that which arises out of, or from, or by any reason of or act or omission by retailer/dealer, their employees or agents, attendees/participants, MNCBA staff, volunteers, owners, or the staff of the venue. The signing of this form and participation in MNCBA events, indicates your full and complete Understanding and 100% acceptance of the stated terms.
By signing this agreement you agree to abide by the policies and rules of conduct of the MNCBA, which can be found on the following website: https://www.mncba.org/policies.html
Your Full Name (Please Print) :
Your Signature (Required) : Date: / /
Send your completed and signed form to: Minnesota Comic Book Association PO Box 11777

Saint Paul, MN 55111

Or email completed and signed form to: volunteers@mncba.org