

OPEN STREETS ICT



SUNDAY, SEPT. 23, 2018 | 12PM – 5PM
Douglas Avenue from Glenn St. to Bluff St.

VOLUNTEER OPPORTUNITY

Open Streets ICT will bring Wichitans together for an active, fun, community-building afternoon on Wichita’s iconic Douglas Avenue.

We invite you to be an important part of this difference-making initiative. We need your support to make this event a success.

BARRICADE DIRECTORS

Available Volunteer Shifts:

1st Shift – 10:30am-2:30pm | 2nd Shift – 2:00pm-6:00pm

Duties and Skills:

- Ability to deal with vehicles and crowds.
- Customer service friendly.
- Set up barricades at intersections per the barricade map. (1st shift only)
- Monitor barricades during event to prevent removal and vehicle traffic from entering route.
- Assist in directing traffic and motorists as required.
- Drop barricades once event has ended. (2nd shift only)

The route will be broken down into (8) ½ mile sections. Each section will be assigned Barricade Directors and a Route Marshall. A total of 300 volunteers are needed. Food and beverages will be provided.

There will be a 5 Hubs placed strategically along the route. These Hubs will offer a centralized location for Information Tents and First Aid Stations.



VOLUNTEERS WILL RECEIVE AN OFFICIAL OPEN STREETS ICT T-SHIRT.

GENERAL INFORMATION

Full Name: _____

Street Address: _____ City, State, Zip: _____

Phone Number (Cell): _____ (Home): _____ (Work): _____

Email: _____ T-Shirt Size: _____

Are you a minor (under 18)?* Yes No

Preferred Shift: 1st Shift 2nd Shift Entire Event

Are you volunteering as part of a company, organization or for school related volunteer hours? Yes No

Company/Organization/School Name: _____

EMERGENCY CONTACT

Full Name: _____ Relationship to Volunteer Applicant: _____

Street Address: _____ City, State, Zip: _____

Phone Number (Cell): _____ (Home): _____ (Work): _____

Email: _____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____ Signature: _____

*Parent/Guardian Name (printed): _____ *Parent/Guardian Signature: _____

Date: _____

**Parent/Guardian signature is required for volunteer applicants under 18 years of age.*

OPEN STREETS ICT VOLUNTEER RELEASE & INDEMNIFICATION FORM

In consideration of allowing Participant to participate in Open Streets ICT activities, the Participant hereby releases and forever discharges Wichita Parks Foundation, its Board of Directors, and all other persons, employees, agents, volunteers and organizations affiliated with WPF including but not limited to City of Wichita and Wichita Festivals, Inc. from any and all claims arising out of participating in any Open Streets ICT activity.

Participant hereby releases and forever discharges WPF, its Board of Directors, agents, servants, representatives, employees, affiliates, partners, predecessors-in-interest, successors and assigns, and all other persons, firms or corporations in which any of the former have been or are now or may hereinafter be affiliated, of and from any and all past, present or future claims, demands, obligations, actions causes of action, rights, damages, costs, expenses or compensation of any nature whatsoever, caused by or brought as a result of Participant’s acts or omission and arising out of Participant’s involvement in an Open Streets ICT activity.

Participant hereby agrees to defend, indemnify and hold harmless WPF and all the above mentioned entities and persons from any claim, demand, obligation, actions, causes of action, lawsuits, damages, costs, expenses, attorneys’ fees or compensation of any nature whatsoever caused by Participant’s acts or omissions arising out of Participant’s involvement in a WPF activity.

The above does not preclude insurance coverage for Participant by WPF for any liability claims resulting from judicious execution, as instructed, of involvement in an Open Streets ICT activity and/or payment of medical services required as a result of execution of involvement in an Open Streets ICT activity.

Participant’s Name (printed): _____

Participant’s Signature: _____ Date: _____

*Parent/Guardian Name (printed): _____

*Parent/Guardian Signature: _____ Date: _____

**Parent/Guardian signature is required for volunteer applicants under 18 years of age.*

Completed volunteer applications must be returned to:

**Wichita Parks Foundation, Attn: Sara Rasmussen,
455 North Main Suite 1101
Wichita, KS 67202**

- OR - Submit completed entry form digitally by clicking the “Submit Form” Button

For more information, please email Sara Rasmussen: SRasmussen@wichita.gov