



Volunteers Needed!

Give the gift of volunteering for **ucpn** and the **Cradle of Aviation** at the 26th Annual Long Island Festival of Trees.

Date: Thanksgiving Weekend
November 27th-29th

Hours: 10:00am-7:00pm

Location: The Cradle of Aviation Museum
Garden City, NY

For more information please contact Samantha Vezga at (516) 378-2000 Ext. 352 or svezga@ucpn.org Thank you for your support.





2015 LONG ISLAND FESTIVAL OF TREES
VOLUNTEER SIGN-UP FORM

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____ PREFERRED: _____ CELL _____ HOME

Please check here if you are under 18 years of age and indicate age _____

All shifts on all days will be at the Cradle of Aviation Museum in Garden City

PLEASE INDICATE YOUR AVAILABILITY BY CHECKING ONE OR MORE TIME SLOTS!

Friday 11/27/15

Saturday 11/28/15

Sunday 11/29/15

___ 10:00 - 2:30 pm (Shift 1)

___ 10:00 - 2:30 pm (Shift 1)

___ 10:00 - 2:30 pm

___ 2:00 - 7:00 pm (Shift 2)

___ 2:00 - 7:00 pm (Shift 2)

___ 2:00 - 7:00 pm

___ Both Shifts

___ Both Shifts

___ Both Shifts



Is there a specific area in which you would like to volunteer? (See attached flyer for details)

1st choice: _____ 2nd Choice: _____

I hereby agree to volunteer at United Cerebral Palsy of Nassau's Long Island Festival of Trees at the above time(s). I will remain at my post for the entire length of my shift, unless otherwise relieved. If I am, for any reason, unable to meet this commitment, I will call (516) 378-2000 x. 352 at least 48 hours prior to the date of my assignment.

Signature

Date

PLEASE RETURN THIS FORM BY FRIDAY, October 30th TO:

United Cerebral Palsy Association of Nassau County, Inc. 380 Washington Avenue, Roosevelt, NY 11575
Attn: Samantha Vezga, Coordinator of Volunteers, Development Dept.



**Parent/Guardian Permission Slip for minor to Volunteer at the
26th Annual Long Island Festival of Trees
(To be completed by your parent or legal guardian)**

I give my permission for my child, _____ to assist as a Volunteer at the 26th Annual Long Island Festival of Trees to support the United Cerebral Palsy Association of Nassau County, Inc.

Last Name: _____ First Name: _____

Address: _____

Home Telephone Number: _____

Age: _____ Male: ___ Female: ___

In Case of Emergency Contact: _____ Contact Number: _____

Are there any special medical considerations that we need to know about or concerns? ___ YES ___ NO

Explain: _____

Is your child volunteering for School or Program Community Service Hours? ___ YES ___ NO

Release: I, by submitting this signed permission slip, understand that ucpn is no way responsible for any injury or theft that may occur during the course of my child's duties as a volunteer. I release ucpn of responsibility for any and all damage to persons/vehicles used during the course of my child's volunteer services. Also I acknowledge that the information above is correct.

Parent's Signature Date

Volunteers' Signature Date



SET-UP JOB DESCRIPTIONS

Tree Assembly Assistants: assist staff with the assembly of Christmas Trees.

Designer Check-in Assistants: assist with the check-in of Tree designers throughout the day.

Tree Fluffers: spend time separating branches and making trees look presentable/ full.





2015 LONG ISLAND FESTIVAL OF TREES

EVENT BREAKDOWN VOLUNTEER FORM

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____ PREFERRED: _____ CELL _____ HOME

Please check here if you are less than 18 years of age and indicate age _____

All shifts on all days will be at the Cradle of Aviation Museum in Garden City

PLEASE INDICATE YOUR AVAILABILITY BY CHECKING THE BELOW TIME SLOT!

Sunday, November 29, 2015

_____ 4:00pm - 8 pm



Breakdown volunteers will be required to assist with the dismantling of tables, event equipment, breakdown of boxes, packing of supplies etc. Further tasks may be requested by ucpcn staff as needed.

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Signature

Date

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