



Feast of the Flowering Moon
 P.O. Box 879
 Chillicothe, OH 45601
www.feastofthefloweringmoon.org



May 25 – 28, 2017

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ [] Home [] Cell – Texting: [] Yes [] No

Email: _____

Are you 18 or older? [] Yes [] No (Under 18 must have parental consent to volunteer)

Reason for Volunteering: _____

Other Community Involvement: _____

Areas of Opportunity: (You can select multiple)

[] Information Tent [] Queens Court Activities [] Ross County Idol [] Parade

[] Hospitality for Native American Dancers [] Other: _____

Availability: (Please indicate dates/times available below – festival operation hours are listed below dates.)

May 25th
4pm – 10pm

May 26th
10am – 10pm

May 27th
10am – 10pm

May 28th
10am – 6pm

Comments: _____

Applicant Signature

Date

Parent/Guardian Signature

Date