Kick'n Up Kountry Volunteer Application

202 Cleveland Ave E PO Box 214 Karlstad,MN 56732

Contact Information

Name:
Address:
City ST Zip Code:
Cell Phone:
Email Address:

Volunteer Areas

Below are the areas we have open for volunteering and the times.

Please check the shift times and day that will work best for you. Times are approximate and are not guaranteed. To earn passes for the event, you must work one 6 hour shift to earn a 1 day pass and work at least two 6 hour shifts to get a 4 day pass. You may check as many as 4 shifts. Final schedules will be emailed out prior to the festival. Must be 16 years old to apply.

Bartending

Bartending in one of the following locations - Saloon, Barley Bin, Down Under Bar and Grill and Mac Bar.

Shift times	Wednesday	Thursday	Friday	Saturday
12-6pm				
5-11pm				
6pm2am				

Ticket Sales

Sell Drink tickets at the Main office ticket, Down Under Bar and Grill and Barley Bin.

Shift times	Wednesday	Thursday	Friday	Saturday
12-5pm				
5-11pm				
11pm to 2am				

General Store

Sell apparel and accessories, tickets for the zip line, stock shelves as need and assist customers.

Shift times	Wednesday	Thursday	Friday	Saturday
12-5pm				
4-10pm				

Main Entrance/Ticket Booth

Sell Tickets, Parking Passes and Camping. Exchange tickets for wristbands. Computer knowledge helpful.

Shift times	Wednesday	Thursday	Friday	Saturday
12-6pm				
11-5pm				
4-10pm				

Have you Volunteered at KUK before?

If yes, what position and year?

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 are made by me on this application may result in my immediate dismissal.

Printed Name:
Date:
Signature:
Thank you to our Volunteers! Your efforts help make this festival a reality each and every

year! All applications must be completed and returned by May 20

Contact Us

Mail forms to:

Mattracks Inc

Attn: Volunteer Coordinator

Po Box 214

Karlstad, MN 56732

Email: volunteers@kicknupkountry.com

If you have any questions regarding the volunteer program or application please call 1-877-KICKNUP(542-5687)

Background Check Form

Pursuant to the Minnesota Child Protection Background Check Act (Minn. Stat. §299C.60-299.61), Kick'n Up Kountry, INC may perform a background check to determine whether you are the subject of any reported conviction for a "background check crime".

Data privacy requires that we inform you that you do not need to provide this information. However, if you choose not to provide information, Kick'n Up Kountry, INC may no longer consider your application. Any omission of false representation will result in rejection of your application or in the termination of your position.

Last Name	First Name		Middle Name
Birth Date (00/00/0000)		 Social Security	<u>'</u>
Maiden, Alias or Former Nam	ie		
Have you ever been convicte	ed of any crimes?		
Circle One: Yes or No			
If YES, please attach a descrithe conviction.	ption of the crime inc	luding the city, sta	ate, date and the facts of
I understand that my signatu	ure is consent to perf	orm a background	check.
Signature		Date	

Return this form along with the volunteer application to volunteers@kicknupkountry.com