



St. Augustine Fashion Week
VOLUNTEER/AMBASSADOR APPLICATION

Name: _____

Email: _____

Address: _____

Phone #: _____ Okay to receive text messages _____ Yes _____ No

Social Media Handle(s) (optional): _____

Have you previously volunteered a fashion week/show? _____ Yes _____ No

If yes, what position(s) did you hold/task(s) were you responsible for:

Please circle & rank your top 3 desired volunteer positions. No volunteer position is guaranteed.

- Ambassador*
- Hair stylist*
- Make-up artist*
- Show/event planning
- Front of House
- Back of House
- Usher/Hospitality
- VIP guest relations
- Sponsor relations

**If applying for these positions, please attach a recent professional headshot & resume*

All selected volunteers will be required to attend a minimum of 1 STAFW Staff/Volunteer meeting.
Nonattendance may disqualify you from volunteering at STAFW events.

Applicant Initials for Acknowledgement: _____

What days are you available to volunteer and/or attend STAFW meetings? Select all that apply. (Please note that weekday events may require arrival times prior to 5:00pm.)

Sun___ Mon___ Tues___ Weds___ Thurs___ Fri___ Sat___

Send completed application to: carrie.stafw@gmail.com



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What relevant skills or experience will you bring to St. Augustine Fashion Week?

Why do you want to volunteer for St. Augustine Fashion Week?

Addition information about yourself that will help us get to know you better! 😊

How did you hear about STAFW?

Attended past STAFW event If so which one? _____

Facebook Instagram Friend/Family member Other

STAFW Staff/Volunteer Referral If so, name: _____

For the health and safety of our community, it should be noted that STAFW Staff & Volunteers will be required to comply with all CDC Guidelines to help reduce the spread of COVID-19. These may include but are not limited to following masking guidelines, frequent washing/sanitizing of hands, and NOT participating in any in-person STAFW activities if exhibiting any COVID-19 symptoms, testing positive for COVID-19, or having been recently exposed to COVID-19.

Applicant Signature

Date

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COVID-19 Liability Release Waiver

****Signature is required in order to participate in any STAFW Activities****

Due to the current outbreak of the Coronavirus (COVID-19), St. Augustine Fashion Week Corp. (STAFW) is taking extra precautions with the care of every model, designer, volunteer, and staff person. This includes a brief health/travel history review and compliance with all local, state, and federal laws/regulations, as well CDC Guidelines, as they pertain to COVID-19.

Symptoms of COVID-19 can include but are not limited to:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

For a full list of symptoms, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

I agree to the following:

(mark each box)

- I understand the above symptoms from the CDC Website, and affirm that I, as well as all of my household members, do not currently have, nor have experienced the symptoms listed on the CDC Website WITHIN THE LAST 14 DAYS leading up to engagement in any activities with STAFW.
- I affirm that I, as well as all of my household members, have not been diagnosed with COVID-19 WITHIN THE PAST 14 DAYS leading up to engagement in any activities with STAFW.
- I affirm that I, as well as all of my household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 14 DAYS leading up to engagement in any activities with STAFW.
- I affirm that I, as well as all of my household members, have not traveled to any area considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 14 DAYS leading up to engagement in any activities with STAFW.
- I understand that St. Augustine Fashion Week Corp. cannot be held liable for any exposure to the COVID-19 virus.
- I understand that I am required to wear a mask at all times when social distancing is not possible, during any and all STAFW activities, in accordance with current CDC Guidelines.

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- HAIR/MAKE-UP VOLUNTEERS:** I understand that Director of Hair/Make-Up is responsible for adhering to these standards as described. If I feel uncomfortable at any time, I may immediately discontinue my hair/make-up volunteer activity and will report to STAFW President the reason(s) for my discomfort, as well as any violations of these standards.
- VOLUNTEERS/AMBASSADORS:** If I feel uncomfortable at any time, I may immediately discontinue my volunteer activity and report to the STAFW Vice President the reason(s) for my discomfort, as well as any violations of these standards.

By signing below, I agree to each statement above and release St. Augustine Fashion Week Corp. from any and all liability for any unintentional exposure or harm to or due to COVID-19.

Signature

Date

Printed Name

Printed Name of Participant

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