



2018 Volunteer Grant Program Application

Festival Dates and Operating Hours: Saturday, September 15, Noon–10 PM; Sunday, September 16, 11 AM–8 PM
Festival Location: 100 W. Main St., Cary **Festival Website:** www.CaryMainStreetFest.com

Submit forms to Lynn Caccavallo, Cary-Grove Area Chamber of Commerce via email: Lynn@carygrovechamber.com or via mail to Cary-Grove Area Chamber of Commerce, 445 Park Ave., Cary, IL 60013. Shifts are assigned on a first-come, first-served basis, so please submit at your earliest convenience.

Applicants must provide all requested information. To participate in the program and qualify for a cash grant, your nonprofit organization must be located in the Village of Cary or primarily serve the Cary community.

Applicants may select a maximum of 2 shifts to fill, provided that the shifts are still available when the committee receives this form. Applications received will be processed and shifts assigned in order that they are received by the Chamber.

ORGANIZATION CONTACT INFORMATION (Please type or print legibly)

Organization _____

Official Contact (President, Chairman, Executive Director, etc.) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Website _____

Email Address (required) _____

Grant check made payable to (if different from above) _____

501(c)3 Number _____ Cary-Grove Area Chamber of Commerce Member Yes No

VOLUNTEER COORDINATOR CONTACT INFORMATION

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Website _____

Email Address (required) _____

ABOUT THE ORGANIZATION

What year was the organization founded? _____

Has your organization participated in a prior Cary Main Street Fest Volunteer Grant? Yes No

Specifically describe how the organization intends to utilize the cash grant:

_____ (Over)

HOSTED BY



PRODUCED BY



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HOW THE ORGANIZATION CAN PARTICIPATE

What is the estimated number of adult volunteers (over 21) that your organization can commit? _____

What is the estimated number of youth volunteers (under 21) that your organization can commit? _____

Of the six (6) available shifts, please choose which time slot(s) are preferred and can be filled with 30 volunteers (a maximum of two (2) shifts are allowed per organization).

SHIFT INFORMATION

Saturday, September 15

GATE

BEVERAGE

TICKET BOOTH

FAMILY AREA

Saturday Early

(1) 11:15 AM–3:00 PM

(4) 11:30 AM–3:00 PM

(7) 11:15 AM–3:15 PM

(10) 11:30 AM–2:45 PM

Saturday Mid

(2) 2:30–6:30 PM

(5) 2:45–6:45 PM

(8) 2:45–6:45 PM

(11) 2:30–5:45 PM

Saturday Late

(3) 6:00–10:00 PM

(6) 6:30–10:30 PM

(9) 6:15–10:15 PM

(12) 5:30–8:45 PM

Sunday, September 16

GATE

BEVERAGE

TICKET BOOTH

FAMILY AREA

Sunday Early

(13) 10:15 AM–2:00 PM

(16) 10:30 AM–2:00 PM

(19) 10:15 AM–2:15 PM

(22) 10:30 AM–1:45 PM

Sunday Mid

(14) 1:30–5:30 PM

(17) 1:45–5:45 PM

(20) 1:45–5:45 PM

(23) 1:30–4:45 PM

Sunday Late

(15) 5:00–8:00 PM

(18) 5:30–8:30 PM

(21) 5:15–8:15 PM

(24) 4:30–7:45 PM

In the event that your preferred shift selection(s) is already taken, please rank the following shift choices from most (1) to least (6) favorable, or leave blank any shifts you do not want.

____ Saturday Early Shift

____ Saturday Mid Shift

____ Saturday Late Shift

____ Sunday Early Shift

____ Sunday Mid Shift

____ Sunday Late Shift

Completed by (printed name) _____ Date _____

Signature _____