Committee Member Signature: ___________________________________

PILSEN NEIGHBORS COMMUNITY COUNCIL
2026 S. Blue Island Ave. Chicago, IL 60608 (312) 666-2663 FAX (312) 666-4661 www.pilsenneighbors.org

SOL TEAM APPLICATION

MUST BE TURNED INTO OFFICE BY JUNE 2, 2017

Last Name:		**First Name:**	
Date of Birth & Age:		**Home/Cell:**	
Emergency Contact Name:		**Emergency Contact #:**	
Address:		**School Name/Grade:**	
E-mail:			

You should be **14-19 yrs. old** to apply. Other ages must come with recommendation. **Also please answer these questions:**

Circle One
Have you worked Fiesta del Sol before? Yes No
If yes, briefly describe what type of work you did?

Preferred time for work (**this is not guaranteed**)? **Check one:**
Morning (14-17 yrs. old) ☐
Noon (14-17 yrs. old) ☐
Evening (17- + yrs. old) ☐

If you are applying for Sol Team Leader position, please attach a brief essay answering this question:
WHY DO YOU BELIEVE YOU ARE A GOOD LEADER?

Please read the following expectations:

- You are **expected** to work with a team.
- You are **expected** to attend an orientation given on a date prior to the festival.
- If you interested in being a leader, you are **expected** to help with the Sol Team interview process.
- You are **expected** to bring any two forms of identification to your interview date. (One of them must have a photo.)
- You are **expected** to do five (5) hours of volunteer service for Fiesta del Sol.
- You are **expected** to make sure your time sheet is signed in and out with your and your Team Leaders signature next to it.
- You are **expected** to call at least one day in advance if you should become ill or unable to work.
- You are **expected** to wear the designated shirt provided by Fiesta del Sol while working and take it off when you're not working.
- Gloves and equipment will be provided and you are **expected** to make sure all equipment is returned to its proper location.
- A fifteen (15) minute break will be given for every shift. You will be paid one week after the festival's close date; checks can be picked up at the PNCC office.

!!IMPORTANT!!!

I hereby certify that the information given in this application is true to the best of my knowledge. If you are under age of 16, your parents of legal guardians must sign below.

Applicants Signature:		Date:	
Parent/ Legal Guardians Signature:		Date:	