

# 2018

# Volunteer Grant Program Application

## SQUARE ROOTS

**APPLICATION DEADLINE: April 1, 2018** Shifts are assigned on a first-come, first-served basis, so please submit at your earliest convenience.

**Festival Dates and Operating Hours:**

Friday, July 13, 5-10pm  
Saturday, July 14, Noon-10pm  
Sunday, July 15, Noon-9pm

**Festival Location:** 4400-4560 N. Lincoln Ave., Chicago  
**Festival Website:** www.SquareRoots.org

Please scan/email the completed form to **Craig@BigBuzzIdeaGroup.com** or mail forms to: **Square Roots Grant c/o Big Buzz Idea Group, 4055 W. Peterson Ave., Ste 105, Chicago, IL 60646**

Applicants must provide all requested information. To participate in the program and qualify for a cash grant, your nonprofit organization must be located in Lincoln Square or primarily serve the Lincoln Square 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 by April 1, 2018 will be processed and shifts assigned in order of receipt by Big Buzz Idea Group.** For all forms received after April 1, 2018, a second round of processing will occur on April 8 and all remaining shifts will be assigned on that date.

**ORGANIZATION CONTACT INFORMATION** (Please type or print legibly. Form must be fully completed.)

Organization \_\_\_\_\_  
Official Contact (President, Chairman, Executive Director, etc.) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Website \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address (REQUIRED) \_\_\_\_\_  
Grant check made payable to (if different from above) \_\_\_\_\_

**VOLUNTEER COORDINATOR CONTACT INFORMATION**

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Website \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address (REQUIRED) \_\_\_\_\_

**ABOUT THE ORGANIZATION**

What year was the organization founded? \_\_\_\_\_  
Has your organization participated in a prior Square Roots Volunteer Grant?  Yes  No  
Specifically describe how the organization intends to utilize the cash grant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Over)



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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 1 ■ Friday mid                      \_\_\_\_\_ SHIFT 3 ■ Saturday mid                      \_\_\_\_\_ SHIFT 5 ■ Sunday mid

\_\_\_\_\_ SHIFT 2 ■ Friday late                      \_\_\_\_\_ SHIFT 4 ■ Saturday late                      \_\_\_\_\_ SHIFT 6 ■ Sunday late

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.

\_\_\_\_\_ SHIFT 1 ■ Friday mid                      \_\_\_\_\_ SHIFT 3 ■ Saturday mid                      \_\_\_\_\_ SHIFT 5 ■ Sunday mid

\_\_\_\_\_ SHIFT 2 ■ Friday late                      \_\_\_\_\_ SHIFT 4 ■ Saturday late                      \_\_\_\_\_ SHIFT 6 ■ Sunday late

## SHIFT INFORMATION

		MID	LATE
FRIDAY, JULY 13	GATE	(1) 4:00-7:30pm	(2) 7:00-10:00pm
	ID LINE	(3) 4:30-7:30pm	(4) 7:15-CL
	BEVERAGE	(5) 4:30-7:30pm	(6) 7:15-CL
	TICKETS	(7) 4:15-7:30pm	(8) 7:00-10:00pm
	FLOATER	(9) 4:30-7:30pm	(10) 7:15-CL
SATURDAY, JULY 14	GATE	(11) 2:30-6:30pm	(12) 6:00-10:00pm
	ID LINE	(13) 2:30-6:30pm	(14) 6:00pm-CL
	BEVERAGE	(15) 2:30-6:30pm	(16) 6:00pm-CL
	TICKETS	(17) 2:45-6:30pm	(18) 6:00-10:00pm
	FLOATER	(19) 2:30-6:30pm	(20) 6:00-CL
SUNDAY, JULY 15	GATE	(21) 2:00-5:30pm	(22) 5:00-8:30pm
	ID LINE	(23) 2:00-5:30pm	(24) 5:00pm-CL
	BEVERAGE	(25) 2:00-5:30pm	(26) 5:00pm-CL
	TICKETS	(27) 2:30-6:00pm	(28) 5:30-9:00pm
	FLOATER	(29) 2:00-5:30pm	(30) 5:00-CL

Completed by (printed name) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_