

**NO PETS**

**Medical Application Form**  
**32<sup>nd</sup> Annual Battle of Olustee Reenactment**  
**February 15 - 17, 2008**

**NO PETS**

UNIT NAME: \_\_\_\_\_  
(PLEASE PRINT)

COMMANDING OFFICER \_\_\_\_\_  
(LIST RANK)

ADDRESS CORRESPONDENCE TO: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(STREET OR PO BOX) CITY STATE ZIP CODE

TELEPHONE: \_\_\_\_\_ OR \_\_\_\_\_

\_\_\_\_\_ Portray Confederate Only \_\_\_\_\_ Portray Federal Only

**Number of Unit Members Planning to Attend \_\_\_\_\_**

**\*\*\* Each Individual Unit Member Must Register On-Site \*\*\***

Our Medical demonstration area includes: \_\_\_\_\_ ft X \_\_\_\_\_ ft tent

We can set up for the:

\_\_\_\_\_ Friday 9:00 A.M. demonstration

\_\_\_\_\_ Saturday 1:00 P.M. demonstration

\_\_\_\_\_ Sunday 10:30 A.M. demonstration

We have the following SPECIAL NEEDS, MEDICAL PROBLEMS OR REQUESTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO: Battle of Olustee Registrar  
Stephen Foster Folk Culture Center State Park  
Post Office Drawer G  
White Springs, Florida 32096

Note: **PETS ARE NOT ALLOWED** at Olustee Battlefield Historic State Park during the Olustee Battle Reenactment, Wednesday through Sunday. Pets are defined as fur-bearing animals such as cats and dogs.

## UNIT MEMBERS PLANNING TO ATTEND

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

The Volunteer understands the service of reenacting the Battle of Olustee is not for monetary compensation. Volunteer hours may be used for work experience in applying for positions with the State of Florida.

The Volunteer further understands that volunteers are not considered employees of the State of Florida. Volunteers are covered by state liability protection in accordance with Chapter 768.28, F.S. and by worker's compensation in accordance with Chapter 440 F.S. Volunteers shall comply with all applicable department and agency rules. No state employment, unemployment, leave, or hours of work provisions or collective bargaining agreements shall apply to volunteers.

This agreement may be cancelled by either party at any time following notice of the other party. This agreement for any volunteer may be cancelled for documented violations of safety rules and regulations.

This certifies that the above-named volunteers are participating in providing volunteer services described in the above volunteer agreement and that permission has been obtained from the parents of all volunteers under age 18.

\_\_\_\_\_  
President or other authorized official of Group Date \_\_\_\_\_

\_\_\_\_\_  
Acceptance for the Division of Recreation and Parks Date \_\_\_\_\_  
Termination Date \_\_\_\_\_