



Canada Pavilion 2018- Volunteer Application Form

Festival Dates: May 25, 26, 27

| | | |
|----------|-------------|--------------|
| Surname: | First Name: | |
| Address: | City: | Postal Code: |
| Email: | Cell: | Tel: |

| How would you like to volunteer? | | |
|---|--|--|
| <input type="checkbox"/> Set up / Take down Crew <input type="checkbox"/> Door Stewards / Greeters | <input type="checkbox"/> Arts tent assistant <input type="checkbox"/> Busser/server | <input type="checkbox"/> Green Team <input type="checkbox"/> Parking Assistants |

| Availability | | | |
|---|--|--|---|
| Please indicate which shift you are available to work | | | |
| | Friday May 25 th Event | Saturday May 26 th Event | Sunday May 27 th Event |
| | 6:30 pm – 9:30 pm <input type="checkbox"/> | 12:30 pm – 4:30 pm <input type="checkbox"/> 4:30 pm – 7:30 pm <input type="checkbox"/> | 11:30 pm – 5:30 pm <input type="checkbox"/> 5:30 pm – 8:30 pm <input type="checkbox"/> |
| | 9:00pm – 11:30pm <input type="checkbox"/> | 7:30 pm – 10:30 pm <input type="checkbox"/> 7:30 pm – 12:30 am <input type="checkbox"/> | |

1. Do you have any other volunteer experience? Please indicate where and how many years:

2. If you are a student...Which school are you attending and what grade are you in?

3. If you are a minor, do you have your parent or guardians permission to volunteer?

| Emergency Contact | | | |
|-------------------|--------------|-----------|---------------------|
| Name | Relationship | Telephone | Alternate Telephone |

| Consent | |
|---|------|
| By signing this application, I understand that as a volunteer I am representing the Carassauga Festival Inc. and will remain professional at all times. If under the age of 18, your parent must sign the form. | |
| Signature | Date |
| Parents Signature | |

Please email completed forms to karencecy@yahoo.ca

www.carassauga.com

