

VERNON WINTER CARNIVAL VOLUNTEER APPLICATION - 2019

All information will be kept confidential

Name: _____ Age: 15-21 21 – 40 41 or Older

Address: _____

City/Prov./Postal Code: _____

Phone: (____) _____ Work: (____) _____

E-Mail: _____ Cell: (____) _____

Availability

Please let us know when you are available to volunteer (days and times). We are in need of volunteers from November – February

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional availability notes: _____

Placement Preferences

In order to assist us in matching you with the best available volunteer position(s) please indicate which types of volunteer opportunities are of interest. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Office volunteer | <input type="checkbox"/> Receptions |
| <input type="checkbox"/> Parade volunteer | <input type="checkbox"/> Jopohouse Luncheon |
| <input type="checkbox"/> Jopo/Jopette | <input type="checkbox"/> Snow Sculpture Competition |
| <input type="checkbox"/> Delivers (Posters, Brochures, Buttons) | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Judging | <input type="checkbox"/> Celebration of Talent |
| <input type="checkbox"/> Preparing Gift Baskets/Basket delivery | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Mall volunteer (selling merchandise) | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Carnival Cop | <input type="checkbox"/> Other |

Is there any volunteer position(s) that you would not like or feel you could not do? No Yes

If yes, please explain: _____

Date: _____ Signature: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email form to info@vernonwintercarnival.com Fax to 250-545-0006 or drop off at 3401 35th Avenue Vernon, BC V1T 2T5, telephone number 250-545-2236