



## VOLUNTEER APPLICATION - 2020

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). Please base your schedule from November – February

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional availability notes: \_\_\_\_\_

Would you be interested in volunteering for Carnival in the offseason? (March-October) Yes  No

### 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:

- Office volunteer
- Parade volunteer
- Jopo/Jopette
- Delivers (Posters, Brochures, Buttons)
- Gift Baskets
- Mall Kiosk Volunteer
- Carnival Cop
- Receptions
- Jopohouse Luncheon
- Snow Sculpture Competition
- Celebration of Talent
- Handyman
- Board of Directors
- Hot Air Balloons

Please let us know your number one preference of volunteer position: \_\_\_\_\_

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](mailto:info@vernonwintercarnival.com) Fax to 250-545-0006 or drop off at 3401 35<sup>th</sup> Avenue Vernon, BC V1T 2T5, telephone number 250-545-2236