



VOLUNTEER APPLICATION - 2021

All information will be kept confidential

Email form to info@vernonwintercarnival.com Drop off at 3401 35th Ave 250-545-2236

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

Address: _____

City/Prov./Postal Code: _____

Phone: (_____) _____ Cell: (_____) _____ Text Me

E-Mail: _____

Availability

Please let us know when you are available to volunteer (days and times). Please base your schedule from December – 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. *Indicates outdoor work is required. Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Auction | <input type="checkbox"/> Parade * | <input type="checkbox"/> Judging |
| <input type="checkbox"/> Celebration of Talent | <input type="checkbox"/> Receptions | <input type="checkbox"/> Live in it to Win it |
| <input type="checkbox"/> Carnival Cops * | <input type="checkbox"/> Snow Sculptures * | <input type="checkbox"/> VIP Baskets |
| <input type="checkbox"/> Deliveries (Brochures, Posters, Buttons) | <input type="checkbox"/> Mall Kiosk | <input type="checkbox"/> Office |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Board of Directors * | <input type="checkbox"/> Jam Can Curling * |
| <input type="checkbox"/> Jopo/Jopette * | <input type="checkbox"/> Carnival Winter Playground * | <input type="checkbox"/> Raffle |
| <input type="checkbox"/> Snowpitch/Snogolf/Frisbee Golf * | <input type="checkbox"/> Carnival Amazing Race * | <input type="checkbox"/> Neighbourhood Bonfires * |
| <input type="checkbox"/> Other _____ | | |

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: (_____) _____