



VOLUNTEER APPLICATION FORM

Name _____

Address _____

Phone _____ Cell Phone _____

E-mail _____

Emergency Contact _____ Date of Birth ____ M ____ D ____ Y

Check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Fair set up | <input type="checkbox"/> Maintenance/Repairs | <input type="checkbox"/> Ticketing |
| <input type="checkbox"/> Fair tear down | <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Cashier |
| <input type="checkbox"/> Parking & directional | <input type="checkbox"/> Lounge Monitor | <input type="checkbox"/> Bar Service |
| <input type="checkbox"/> Volunteer Ambassador | <input type="checkbox"/> Hall Monitor | <input type="checkbox"/> Guest Services |
| <input type="checkbox"/> Office helper | <input type="checkbox"/> Activity Center (face painting) | <input type="checkbox"/> Social Media |

Availability		Prior to the Fair					During the Fair				After the Fair				
Mark with an x all the times you are available		Fri	Sat	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
	Morning														
	Afternoon														
	Evening														

Volunteer Waiver:

I _____ agree to hold harmless the Cowichan Exhibition, its Directors, officers, staff and members free from any and all claims. I am aware of the inherent risk of contracting a communicable disease in a public location where people are present and that the Cowichan Exhibition cannot guarantee I will not be exposed during the event. Initials _____

Signature _____ Date _____