



2017 Volunteer Application Form  
 Carassauga Festival Inc  
 Festival Dates: May 26, 27, 28

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

How would you like to volunteer?		
<input type="checkbox"/> Cleaning Crew <input type="checkbox"/> Set up / Take down Crew <input type="checkbox"/> Visitor Greeters <input type="checkbox"/> Parking Assistants <input type="checkbox"/> Main stage Assistant	<input type="checkbox"/> Information Ambassadors <input type="checkbox"/> Gate / Entrance Monitors <input type="checkbox"/> Transit Assistants <input type="checkbox"/> Visitor Guides <input type="checkbox"/> Office Support	<b>Kids Zone</b> <input type="checkbox"/> Set up/ take down <input type="checkbox"/> Craft Table Assistant <input type="checkbox"/> Face Painting <input type="checkbox"/> Crowd control at bouncy castles
If you would like to volunteer at one of our Pavilion Location, please indicate which one. The list of Pavilions can be found on our website under the heading 'Our Pavilions'		

Availability			
Please indicate which shift you are available to work. <b>Note:</b> You must work a minimum of 5 shifts over the 4 days of the Festival.			
Thursday May 25 <sup>th</sup> Event Setup	Friday May 26 <sup>th</sup> Event	Saturday May 27 <sup>th</sup> Event	Sunday May 28 <sup>th</sup> Event
7:00 pm to 9:00 pm <input type="checkbox"/>	6:30 pm – 10:30 pm <input type="checkbox"/>	12:30 pm – 4:30 pm <input type="checkbox"/>	12:30 pm – 4:30 pm <input type="checkbox"/>
		4:30 pm – 8:30 pm <input type="checkbox"/>	4:30 pm – 8:30 pm <input type="checkbox"/>
	8:30 pm – 12:30 am <input type="checkbox"/>	5:30 pm – 9:30 pm <input type="checkbox"/>	5:30 pm – 9:30 pm <input type="checkbox"/>
		8:30 pm – 12:30 am <input type="checkbox"/>	

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

3. How did you find out about the Carassauga volunteer program?

\_\_\_\_\_

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 [lisa.balestra@carassauga.com](mailto:lisa.balestra@carassauga.com) or fax 905-615-4329 / Deadline April 28, 2017.