



2019 Volunteer Application Form  
 Carassauga Festival Inc  
 Festival Dates: May 24, 25, 26

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

How would you like to volunteer?		
<input type="checkbox"/> Outdoor Tented Area (gate/entrance monitors, cleaning crew, stage assistant)	<input type="checkbox"/> Visitor Information Guides <input type="checkbox"/> Transit Information Guides	<input type="checkbox"/> Pavilion Location - if you would like to volunteer at one of our Countries, please indicate which one. The list of Pavilions can be found on our website. Please note locations vary by Pavilion.

Availability		
Please indicate what hours you are available to work. <b>Note:</b> Priority is given to those that can work the full Festival weekend.		
Thursday May 23 <sup>rd</sup> Event Setup	Saturday May 25 <sup>th</sup> Event	Sunday May 26 <sup>th</sup> Event
7:00 pm to 9:00 pm <input type="checkbox"/>	12:00 pm - 12:30 am <input type="checkbox"/> or 6:00 pm – 12:00 am <input type="checkbox"/>	12:00 pm – 8:30 pm <input type="checkbox"/> or 4:00 pm – 9:00 pm <input type="checkbox"/>

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

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

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

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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	