



Dundas International Buskerfest 2010 Volunteer Application

Volunteer Coordinator: Sherri Raymond 905-518-3578
email: sherri.raymond@gmail.com

PERSONAL INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Cell: _____ E-Mail: _____

Best time to contact you: Day _____ Evening _____

Emergency Contact: Name _____ Phone _____

Have you volunteered for this event before: yes _____ no _____

If yes, what area: _____ What year: _____

Age group: Youth (up to 18 yrs) _____ 19-24 _____ 25-50 _____ 51+ _____

Do you have a valid driver's license No _____ Yes _____ Class _____

Do you speak another language, please list _____

VOLUNTEER CHOICES

WHICH VOLUNTEER AREA WOULD YOU LIKE TO SPEND YOUR TIME (mark all applicable with an X)

Circle Monitor _____ Information Booth _____ Food Court _____ Site & Technical _____

Wherever help is needed _____

PLEASE INDICATE YOUR AVAILABILITY FOR THE FESTIVAL (yes/no in each time slot)

(please indicate if available for more than one shift).

Friday 5:30-10:00pm	Saturday 11:30am-3:00pm	Saturday 3:00-7:00pm	Saturday 7:00-11:00pm	Sunday 11:30am-3:00pm	Sunday 3:00-6:00pm

Please indicate any related experience(s) -- job or volunteer-oriented

Do you have any special Certifications, i.e. First Aid, please list: _____

Shirt size (mark with X) Small _____ Medium _____ Large _____ Extra Large _____

If possible, I would like to be partnered with: (name) _____

Privacy Statement: All information collected on this form is strictly for the use of the BIA/Buskerfest and such information will remain private and confidential and will be for the BIA/Buskerfest use only.

Signature _____ Date _____

Thank you for your interest in becoming part of the success of Dundas International Buskerfest!