

VOLUNTEER APPLICATION FORM



September 8, 2018

Registration forms must be completed for each individual volunteer. We will do our best to schedule volunteers in their preferred position but this will not always be possible.

Confirmation of activity and shift information will be sent to volunteers by email prior to the Sports Day.

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

PHONE NUMBER: _____

VOLUNTEER POSITION

Please tick those areas of interest and indicate 1st, 2nd and 3rd choice.

- | | | |
|---|--|---|
| <input type="checkbox"/> Set-up | <input type="checkbox"/> First Aid Tent | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Assistant Co-ordinator | <input type="checkbox"/> Water Station | <input type="checkbox"/> Event Support |
| <input type="checkbox"/> Parking Assistant | <input type="checkbox"/> Trash/Recycle Station | <input type="checkbox"/> Master of Ceremonies Assistant |
| <input type="checkbox"/> Volunteer Tent | <input type="checkbox"/> Photographer | <input type="checkbox"/> Medals |
| <input type="checkbox"/> VIP Tent | <input type="checkbox"/> Take down | |

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____

T-Shirt Size (Please Tick One) Small Medium Large

I will adhere by the guidelines and policies of Caribbean Heritage Sports competition (this can be found in the Volunteer Handbook).

Signature: _____

Date: _____

Youth (Parent/Guardian): _____