

International Peace Festival

Volunteer Application Form

First Name: _____ Initial: _____

Last Name: _____

Mailing Address: _____

City and Province: _____

Home Phone: _____

Cell Phone: _____

Email: _____

How do you prefer to be contacted? _____

Please indicate which volunteer position(s) you are interested in:

(1 = least interested and 5 = most interested)

____ Panelist/Educator ____ Programs/Events ____ Artist/Musician

____ Other (please specify) _____

Please indicate your preferred time of availability (indicate days of the week and times):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe why you are interested in volunteering with the International Peace Festival:

Please list any applicable education, skills or training that you have that would assist in your role:

International Peace Festival

Please describe any relevant experience from previous paid employment or volunteer positions:

Do you have any medical conditions that we need to be aware of?

Yes No

If yes, please explain: _____

Emergency Contact: _____

Relationship: _____ Tel: _____

International Peace Festival Privacy Statement

The protection of the personal information we collect is of utmost importance to the International Peace Festival. All personal information of each volunteer will be kept secure and confidential at all times. It is the responsibility of the volunteer to ensure that all personal information is kept up to date.

I certify that the above information is true and complete to the best of my knowledge.

I do not wish to have my name or image used in IPF materials (newsletter, recognition).

Signature: _____ Date: _____