

Volunteer Application

Name	Adult 🗆 Youth 🗆								
(1	Last)	(First)	1	Sex M□ F□					
Volunteer O	r ganization (if ap	plicable)							
Organization Name									
Contact Person									
Contact Information									
Cell #									
Email									
Days Availab	le								
Wednesday	4:30 🗆	8:00 🗆							
Thursday	4:30	8:00 🗆							
Friday	4:30	8:00 🗆							
Saturday	4:30	8:00 🗆							
Sunday	12:30								
Qualification	s and/or Experie	nce							
Pro Serve		Yes 🗆	No 🗆						
Debit Machine Experience		Yes 🗆	No 🗆						
Money Handling Experience		Yes \square	No 🗆						
Equipment Operation		Yes 🗆	No 🗆						
Infield		Yes 🗆	No 🗆						

Health Information								
Physical Limitations		Yes \square	No 🗆	Explai	Explain			
Medical Concerns we should be aware of		aware of	Yes		No 🗌			
Explain:								
RIV	1CA Needs							
	Ticket Sales							
	☐ Raffle							
	☐ Liquor Sales (Pro Se	rve Required)						
	Program Sales							
	Gate Attendants							
	☐ Track							
	☐ Grandstand Admiss	ion						
	Grandstand Ushers							
	Other							

CONTACT:

Rocky Mountain Chuckwagon Association Box 252 Rocky Mountain House, AB T4T 1A2 403 844-5597

> Lillian Hay lhay19@hotmail.com