

**Calling all Volunteers!!
Young and
young at heart!**



**Free T-Shirt
Food and drink coupons
Volunteer hour credits for
students**

**Friday, September 19
Saturday, September 20
Sunday, September 21**

Requirements

Please report to the Volunteer Coordinator at Memorial Hall to confirm assigned duties ½ hour prior to your shift. To receive credit for volunteer hours you must sign in and out at the end of your shift(s). You may schedule more than one shift back-to-back but may be assigned to different duties.

Duties – 3 shifts per day available

- Set-up Friday night 6:00 – 8:00 pm (tables, chairs & signs, assist vendors)
- Set-up Saturday 7:00 am to 9:00 am – assist vendors moving inventory from vehicle to vendor space
- Saturday & Sunday 10:00 am to 6:00 pm – monitor food court, assist committee in various areas, provide vendor relief
- Sunday 5:00 – 8:00 pm – tear down, assist vendors moving inventory from vendor space to vehicle, move tables & chairs, clean up festival area

Please complete the form below and return to:

- volunteer@stgeorgeapplefest.ca

Name: _____ Phone number: _____ Age: _____

E-mail address: _____ High School: _____

I am willing to help with the following task(s). (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Entertainment set-up | <input type="checkbox"/> Vendor take-down |
| <input type="checkbox"/> Sign Installation/Removal | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Donation collection | <input type="checkbox"/> Monitor food court |
| <input type="checkbox"/> Children's activities | <input type="checkbox"/> Information booth |
| <input type="checkbox"/> Vendor set up | <input type="checkbox"/> Festival take-down |
| <input type="checkbox"/> Vendor breaks | |

Please indicate what times you would like to volunteer:

	8 am to 10 am	10 am-2 pm	2 pm – 6 pm	6 pm – 8 pm
Friday	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	
Saturday				xxxxxxxxxxxx
Sunday	xxxxxxxxxxxx			

Signature: _____ Date: _____

Parent or guardian (print) if under 16: _____

Parent or guardian (signature) if under 16: _____

Does applicant have a pre-existing medical condition? Yes No If yes, what? _____

Provision of the information requested on this form is voluntary. We will use your personal information for the following purpose(s):

- The information is being collected to contact you, to assign tasks and shifts, and for safety purposes.