



Acton Leathertown Festival Volunteer Form

CONTACT INFORMATION

Name _____ Date _____

Address _____ City _____

Phone _____ E-mail _____

Date of Birth _____ Valid Driver's License: Yes No

Returning Volunteer? Yes No If so, how many years? _____

Do you need Community Hours for school? Yes No

EMERGENCY INFORMATION

Special medical needs/conditions _____

Emergency procedures (if applicable) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Primary Phone _____ Other Phone _____

Address _____

SHIFT AVAILABILITY ON FESTIVAL DAY

8am-Noon (Setup) Noon-4pm (Maintenance/General Inquiries)

4pm-8pm (Take down) All day

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I understand that misleading or untruthful information on this application may result in my dismissal from any volunteer job consideration.

Signature _____

Date _____

Please fill out and send to info@downtownacton.ca.

*All festival volunteers will be sent a Volunteer Manual prior to festival. Thank you in advance!