

VOLUNTEER SIGN-UP FORM

Event Name/Organization - Date



CONTACT INFORMATION

Surname/Family Name: _____

First/Given Name: _____

Address: _____

E-mail: _____ Phone: () _____ - _____

VOLUNTEER PLACEMENT

Have you ever volunteered for conventions before? YES / NO
If "YES", when, where, and in what capacity?

What skills do you possess?

First Aid - Driving License -

Audio Visual - Web Design

Other: _____

What languages do you speak? English, French or Other: _____

Are you carrying a cell phone that we can use to contact you? YES / NO

If yes, what is the number? () _____ - _____

PERSONAL INFORMATION

Age: _____ Sex: M F

Are there any medical conditions or personal considerations that we should be aware of?

Please specify: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: ()- _____ - _____ Other number: _____