



# 2011 Volunteer Application Form

All information collected is kept in strict confidence and is only used internally by the Events Edmonton Volunteer Program.

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Home Address

City or Town	Province	Postal Code
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Home Phone Number	Cell Phone Number	Home Fax Number
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E-Mail Address	T-shirt size preferred
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Have you volunteered for Events Edmonton before? Yes  No

If yes, what year/s?

What position/s did you hold?

\_\_\_\_\_  
 What other volunteer experience do you have?

\_\_\_\_\_  
 What hobbies, skills or training do you have that might be useful to the Festival?

\* Do you have any special needs we should know about? Yes  No

If "yes", please explain \_\_\_\_\_  
 \* This information is required so we can accommodate you in our events and, in case of a medical emergency, we can assist you as quickly as possible.

Please list two references (no family)

1. Name : \_\_\_\_\_ Phone Number : \_\_\_\_\_ Relation: \_\_\_\_\_  
 2. Name : \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

**Please rank your preferences from 1 to 3 for each festival you would like to volunteer for:**

<b>A Taste of Edmonton:</b> (July 21 – 30, 2011)	<b>METROPOLIS:</b> (New Year's Eve 2011 to Family Day 2012)
___ Greeter ___ Information Booth ___ Photographer ___ Raffle Ticket Seller ___ Safeway Family Pancake Breakfast ___ Security ___ Volunteer Room ___ Wine Server	___ Positions to be determined

**Please note: If successful as a volunteer applicant with the Events Edmonton, you will be placed on a team where you are needed. Your indicated preferences will be taken into account when possible, however we cannot guarantee where you will be placed.**

**Please provide us with an Emergency Contact:**

<b>Emergency Contact Name:</b>	
<b>Phone Number:</b>	<b>Relation:</b>

**Protecting your personal information:**

Events Edmonton is committed to the protection of your privacy. Events Edmonton collects and uses your personal information to provide us with the resources to place you effectively in our events and keep you apprised of upcoming volunteer events. By providing us with your full name, postal address, telephone number, and e-mail address you consent to the collection, use and disclosure of your personal information by Events Edmonton for these purposes only, unless you indicate otherwise to us in writing.

**Permission to perform a background check:**

I hereby consent Events Edmonton to perform a check of my background, including:

- Police records
- Past volunteer history
- Personal references
- Other persons or sources as appropriate for the volunteer jobs available at Events Edmonton

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for volunteer work. I understand that information collected during this background check will be limited to determining my suitability for volunteer work at Events Edmonton and that all such information collected during this check will be kept confidential. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for volunteer work at Events Edmonton and such other information as they deem appropriate.

**Image Publication Consent:**

Events Edmonton photographs all their events and program areas for archival purposes. Volunteers are often recorded in photographs. At times, Events Edmonton uses these photos for recruitment, marketing and fundraising purposes.

Do you consent to having your photo published for the above purposes? Yes  No

*I verify that the statements in this volunteer application are true. I understand and agree that a false statement may disqualify me from volunteering. I agree to abide by all Events Edmonton policies and regulations and to keep all information learned in the course of my volunteering at Events Edmonton confidential.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For youth volunteers 17 years of age and under only.**

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, have read and agree to the above policies pertaining to volunteering with the Events Edmonton. I hereby give consent for \_\_\_\_\_ to become a volunteer with Events Edmonton, if the application is successful.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Events Edmonton**, proud producers of  
A Taste of Edmonton Festival and METROPOLIS International Winter Festival.  
10178 – 106 Street ~ Edmonton, AB T5J 1H4 ~ ph: 780.423.2822 ~ fax: 780.423.2844  
[www.eventsedmonton.ca](http://www.eventsedmonton.ca)