

Please complete and return to:
 The Winter Festival of Lights
 5400 Robinson St., Second Floor
 Niagara Falls, ON L2G 2A6
 P: 905-374-1616 Ext 26
 F: 905-374-4683
 Email: tina@wfol.com Website: www.wfol.com



Winter Festival of Lights

NIAGARA FALLS • ONTARIO • CANADA

VOLUNTEER APPLICATION 2007

Name: _____ Date: _____

Address: _____ Postal Code: _____

Home Phone #: _____ Email Address: _____

AGE GROUP: Day and Month of Birth: ____ / ____ under 16 yrs (____ Age) 17-19 yrs
 20-50 yrs over 50 yrs

VOLUNTEER AREAS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Volunteer Services | <input type="checkbox"/> Tour Escort/Guide | <input type="checkbox"/> Information Services |
| <input type="checkbox"/> Survey Takers | <input type="checkbox"/> Contribution Takers | <input type="checkbox"/> Mascots | <input type="checkbox"/> Logistics / Physical work |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Photography | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Ticket Sales | | |

Are you willing to work outside in the winter? Yes No

Are you willing to have a Police Check done? Yes No

Are you able to lift 25kg comfortably? Yes No

Do you have: Smartserv First Aid/CPR Driver's License

Previous volunteer experience: _____

Do you have any other special skills/certificates/computer knowledge? _____

AVAILABILITY (PLEASE CHECK ALL THAT APPLY)

	SUN	MON	TUES	WED	THUR	FRI	SAT
AM							
PM							

RELEASE OF LIABILITY AND PERMISSION REGARDING PICTURES:

Screening process – You may be required to complete a form which will allow the Winter Festival of Lights to perform a police records verification on your name and to update such verification. You may also be asked to submit to fingerprinting. Please bring a piece of photo ID when you come to the Volunteer Office for your interview.

Undertaking to act in a responsible and safe manner – I hereby undertake and agree to act in a responsible and safe manner at all times while acting as a WFOL volunteer.

Insurance – The WFOL maintains insurance to the benefit of its volunteers while they are acting as such. This insurance coverage is for claims arising out of injuries to third parties which are caused by the negligence of the volunteer and for accidental death or dismemberment of a volunteer that occurs in the course of WFOL volunteer activities.

Permission to use pictures – I hereby grant to the WFOL and persons acting on its behalf the unrestricted and perpetual right and permission, in respect of pictures or film footage that it, through its photographers and/or contractors, has taken of me or in which I may be included with others, to use, to publish, to broadcast and to authorize a third party to use, publish or broadcast the same in whole or in part, in any and all media now or hereafter known, for the purpose of promoting volunteerism and/or the WFOL.

Signature _____

Signature of parent or guardian (if volunteer is under age 18) _____

FOR OFFICE USE ONLY

Date Application Received: _____
 Reference Checked: _____

Police Check Completed: _____
 Interview Date: _____