



OWEN SOUND FESTIVAL OF NORTHERN LIGHTS

VOLUNTEER APPLICATION

Name: _____

Email: _____

Full Mailing Address (if you don't have email): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Number of Years Volunteering with the Festival of Northern Lights: _____

In what areas have you volunteered? _____

If you are new to our group, please circle the area(s) that would be of most interest to you:

Opening Celebration and Special Events

Harrison Park Kiosk

Maintenance, Repair and Painting

Setup and Teardown

Availability: _____ Daytime _____ Evenings _____ Weekends _____ Anytime

Do you have a First Aid certificate? ___ Yes ___ No

Are you certified in CPR? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

Have you had any criminal convictions for child abuse or sex related crimes? ___ Yes ___ No

Do you have specific skills or training that you think would benefit the Festival? ___ Yes ___ No

If yes, please explain: _____

Thank you for completing our volunteer application. All of your information will be kept confidential and is for the sole use of the Owen Sound Festival of Northern Lights.

In consideration of completing this form, I hereby release the Festival of Northern Lights from any injury of loss of property resulting in my participation in the _____ Owen Sound Festival of Northern Lights.
(year)

Signature of Applicant: _____ **DATE:** _____

Signature of Parent/Guardian if applicant is under 18: _____

Printed Name of Parent/Guardian: _____

Please return in person or by mail to:

Owen Sound Festival of Northern Lights

190 1st Street Southwest

Owen Sound, Ontario N4K 5S5

Or email:

info@fonl.ca