



## OWEN SOUND FESTIVAL OF NORTHERN LIGHTS

### 2016-2017 VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Full Address: \_\_\_\_\_

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:

Marketing and Sponsorship

Opening Night and Special Events

Maintenance and Repair

Setup and Teardown

Harrison Park Kiosk

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 or loss of property resulting in my participation in the 2016-2017 Owen Sound Festival of Northern Lights.

**Signature of Applicant:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Signature of Parent/Guardian if applicant is under 18:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Please return to:**

**Owen Sound Festival of Northern Lights**

190 1<sup>ST</sup> Street Southwest

Owen Sound, Ontario N4K 5S5

519-376-4440 Extension. 1225

[info@osfestivaloflights.com](mailto:info@osfestivaloflights.com)