



Volunteer Registration

Name _____ Adult Youth

(Last)

(First)

(Middle)

Sex M F

Volunteer RMCA Member

Volunteer Organization

Organization Name _____

Contact Person _____

Contact Information

Home # _____ Cell # _____

Email _____

Days Available

Thursday 4:30 8:00

Friday 4:30 8:00

Saturday 4:30 8:00

Sunday 12:30

Qualifications and/or Experience

Pro Serve Yes No

Debit Machine Experience Yes No

Money Handling Experience Yes No

Equipment Operation Yes No

Infield or Track Maintenance Yes No

Health Information

Physical Limitations Yes No Explain _____

Allergies/Medical Concerns we should be aware of Yes No

Explain: _____

Volunteer Interests and Experience

- Ticket Sales
 - Program Sales
 - Liquor Sales (Pro Serve Required)
 - Gate Attendants
 - Silent Auction Assistant
 - 50/50 Coordination
 - Other _____
- _____
- _____

CONTACT:
Rocky Mountain Chuckwagon Association
 BOX 252
 Rocky Mountain House, AB T4T 1A2
 403 844-5597

Lillian Hay
lhay19@hotmail.com