



## Volunteer Form

Each year Ottawa's festivals, special events and fairs searches out thousands of volunteers to help position Ottawa as a world-class destination and showcase the fantastic quality of life we enjoy here in the Capital. Please assist by providing the following information to assist the industry build thriving and exciting events.

### 1. VOLUNTEER CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have a valid Ontario Driver's License?  Yes  No

Age \*: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Would you like to be on the Volunteer Mailing List?  Yes  No

### 2. LANGUAGES: PLEASE CHECK THE CATEGORIES THAT APPLY TO YOU

	Spoken			Written		
	Basic	Good	Very Good	Basic	Good	Very Good
English						
French						
Other (specify):						
Other (specify):						
Other (specify):						

**3. EDUCATION:**

High School  College / University  
 Other (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

**4. VOLUNTEER EXPERIENCE:**

Previous volunteer experience?  No  
 Yes (please indicate details below)

Event: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Event: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Event: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Event: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Event: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_

*Special Skills (CPR, Smart Serve, etc):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Volunteer Preferences:*

<input type="checkbox"/> Administration	<input type="checkbox"/> Security
<input type="checkbox"/> Admission	<input type="checkbox"/> Site Crew
<input type="checkbox"/> Family Zone	<input type="checkbox"/> Staging
<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Transportation
<input type="checkbox"/> General	<input type="checkbox"/> VIP
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Volunteer Tent
<input type="checkbox"/> Host / Hostess	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Information Booth	

**5. AVAILABILITY:**

**CHOOSE MONTH AND FESTIVALS, SPECIAL EVENTS & FAIRS YOU WISH TO ASSIST**

Please visit [www.ottawafestivals.ca](http://www.ottawafestivals.ca) for details and dates of our member festivals, special events and fairs.

I am available to volunteer during the following month(s):

- |                                   |                                |                                    |                                   |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> April | <input type="checkbox"/> July      | <input type="checkbox"/> October  |
| <input type="checkbox"/> February | <input type="checkbox"/> May   | <input type="checkbox"/> August    | <input type="checkbox"/> November |
| <input type="checkbox"/> March    | <input type="checkbox"/> June  | <input type="checkbox"/> September | <input type="checkbox"/> December |

I would like to volunteer with the following festival(s), special event(s) & fair(s): \_\_\_\_\_

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**6. EMERGENCY CONTACT INFORMATION AND MEDICAL HISTORY:**

Please list 3 (relatives, friends, neighbours) who we can contact in case of an emergency:

Name	Relationship	Home Phone # and Cell Phone #	Business Phone #

**7. MEDICAL HISTORY:**

Allergies:

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Medical Conditions:

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**Declaration of Accuracy:**

I hereby certify that, to the best of my knowledge, the information contained herein is complete and accurate. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position rescinded. Note: A Criminal Record / Child Welfare check may be required for all adult volunteers. Please indicate permission. I hereby give permission to do this criminal records check.

Yes

No

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

I understand that where I am signing this form as parent or legal guardian of a prospective volunteer under the age of 18, I am agreeing and warranting that I agree to have my child or ward participate as a volunteer of the Festival, Special Event or Fair and that both I and the prospective volunteer will be bound by the above terms and conditions.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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\* Minimum age 16 years. Youth volunteers require parental consent. Please complete consent portion of this application.

Please EMAIL completed form along with a resume to [volunteers@ottawafestivals.ca](mailto:volunteers@ottawafestivals.ca). Please FAX to: (613.233.3134) or MAIL the completed form along with a resume to Ottawa Festivals, 47 William Street, Ottawa, ON K1N 6Z9 Attention: Volunteer Coordinator.