

W.A.V.E.S. Festival 2016 Application to Volunteer



Applicant Name:			
Address:	City:	Postal:	
Phone:	Email:		
Preferred Method of Contact (Please Check A	All That Apply): 🗌 Phone	Email	
Are You Certified in First Aid: 🛛 Yes	🗆 No		
Please Indicate Your Preferred Positions (Se Check All That Apply:	ee the Volunteer Description	Sheet for Details on Positions Available).	
☐ Information Ambassador	☐ Mover and Shak	er	
Cleaner and Greener	☐ Rain or Shine Cr	ew	
Please Specify Your Availability (Check All T	hat Apply):		
☐ Friday September 30 3:30pm – 7:30pm	Saturday October 1 3:30	0pm – 7:30pm	
☐ Friday September 30 7:30pm – 11:30pm	☐ Saturday October 1 7:30	lpm – 11:30pm	
Do You Have Any Special Needs? (Serious A	llergies, Mobility Restrictions	, etc.):	
□ Yes □ No			
Please Describe			
Emergency Contact Name:			
Emergency Contact Phone Number:			
Emergency Contact Relationship:			



Declaration:

l	(name) do verify that the above information is true.
Signature	Date
If applicant is under the age of 1	8 please ensure parent or legal guardian completes the following:
l	(guardian's name) do verify that
	(child's name) is eligible and available to volunteer for W.A.V.E.S.
Festival.	
Signature	Date

Submission Directions

Please E-MAIL your application to:

vsamek@citywindsor.ca ATTN: Veronica Samek Subject Line: W.A.V.E.S. - Volunteer Application

OR

Mail or Drop-off your application to:

Veronica Samek

Program Development Supervisor Cultural Affairs Department 2450 McDougall Street Windsor, ON N8X 3N6

Hugh Barrett

Education/Volunteer Coordinator Windsor's Community Museum 254 Pitt Street West Windsor, ON N9A 5L5

Please be aware that any students using this event to complete volunteer hour requirements will need to bring the appropriate paperwork to their scheduled shift(s) during the festival.