

Island Fantasy Ball 2019

VOLUNTEER REGISTRATION FORM

APPLICANT INFORMATION

Name:

Cell Phone:

Alternate Phone:

Mailing address:

Email:

SELECT TIMES

I prefer helping at Island Fantasy Ball 2019 at the following times:(check all that apply)

- | | | |
|--------------------------|------------------|------------------------|
| <input type="checkbox"/> | Friday, May 24 | setup: to be confirmed |
| <input type="checkbox"/> | Saturday, May 25 | 8:30 am – 4:30 pm |
| <input type="checkbox"/> | Saturday, May 25 | 4:30 pm – 11:45 pm |
| <input type="checkbox"/> | Sunday, May 26 | 9:00 am – 1:00 pm |
| <input type="checkbox"/> | Sunday, May 26 | 1:00 pm – 5:00 pm |
| <input type="checkbox"/> | Sunday, May 26 | tear down – 5-6 pm |

NOTES

- 1) You must sign the waiver to serve as an IFB volunteer
- 2) All volunteers must attend a Volunteers' Orientation – time and place to be advised
- 3) Volunteers are expected to stay for complete shifts, above shift times may vary depending on the job
- 4) A dress code applies to most positions and shifts
- 5) IFB reserves the right to accept or refuse applications
- 6) Please read and complete both sides of this form carefully, sign it and email it to: volunteers@islandfantasyball.com or mail it to: Island Fantasy Ball, c/o Vicki Linfitt, 647 Howard Ave, Nanaimo, BC, V9R3S8

QUESTION

Have you previously volunteered for the IFB? If so, for how many years and in what positions:

VOLUNTEER POSITIONS

Island Fantasy Ball 2019

VOLUNTEER REGISTRATION FORM

I am interested in volunteering in the following positions (number your top 3 choices, #1 being top preference)

- | | |
|--|--|
| _____ competitor registration | _____ Marshaling |
| _____ Program Sales | _____ Tickets |
| _____ Driver | _____ Admission Control |
| _____ Hall Set-up (Friday) | _____ Tables Clean-up (Saturday night) |
| _____ Tables/Decorations Set-up (Friday) | _____ Hall Tear-down (Sunday) |
| _____ Hall Set-up | _____ Tables/Decorations Tear-down(Sunday) |
| _____ Officials/Volunteers Food Manager | _____ Stage Assistant |

NEW VOLUNTEERS

Please provide one or two references (character reference are acceptable)

Reference 1

Name:	Phone No.
Organization:	Email:

Reference 2

Name:	Phone No.
Organization:	Email:

WAIVER

By signing this waiver I release the Island Fantasy Ball and its producer, the Nanaimo Ballroom Dance Society, its directors, officers, committee members and other volunteers, along with their respective agents, representatives, successors and assigns from all actions, claims or demands by me in connection with my participating as a volunteer at the Island Fantasy Ball, including any claims in respect of injury suffered by me or any loss or damage to my personal property. I also confirm that I understand this waiver and agree to be bound by it and am fully able and capable of volunteering to assist at the Island Fantasy Ball.

Name:

Signature of applicant

Date