

Island Fantasy Ball 2024

VOLUNTEER REGISTRATION FORM

APPLICANT INFORMATION

Name:

Cell Phone:

Alternate Phone:

Mailing address:

Email:

SELECT TIMES

I prefer helping at Island Fantasy Ball 2023 at the following times:(check all that apply)
*times are approximate and subject to change

- | | | |
|--------------------------|--------------------|-------------------------|
| <input type="checkbox"/> | Friday, May 31st | setup: 4pm-9pm |
| <input type="checkbox"/> | Saturday, June 1st | Daytime app: 9:30am-4pm |
| <input type="checkbox"/> | Saturday, June 1st | Evening app: 4-11pm |
| <input type="checkbox"/> | Sunday, June 2nd | Daytime app: 9:30am-4pm |
| <input type="checkbox"/> | Sunday, June 2nd | Tear Down – app: 5-6pm |
| <input type="checkbox"/> | All Weekend | Other – specify_____ |

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

QUESTION

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

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VOLUNTEER POSITIONS

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

- | | |
|---|---|
| <input type="checkbox"/> competitor registration | <input type="checkbox"/> Marshaling |
| <input type="checkbox"/> Program Sales | <input type="checkbox"/> Tickets |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Admission Control |
| <input type="checkbox"/> Hall Set-up (Friday) | <input type="checkbox"/> Tables Clean-up (Saturday night) |
| <input type="checkbox"/> Tables/Decorations Set-up (Friday) | <input type="checkbox"/> Hall Tear-down (Sunday) |
| <input type="checkbox"/> Hall Tidy up-Mid day Sat | <input type="checkbox"/> Tables/Decorations Teardown (Sunday) |
| <input type="checkbox"/> Officials/Volunteers Food Manager | <input type="checkbox"/> 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