

CCC/IFB 2025

VOLUNTEER REGISTRATION FORM

APPLICANT INFORMATION

Name:

Cell Phone:

Alternate Phone:

Mailing address:

Email:

SELECT TIMES

I prefer helping at CCC/IFB 2025 at the following times:(check all that apply)

- | | | |
|--------------------------|--------------------|----------------------------------------------|
| <input type="checkbox"/> | Friday, April 25 | setup: 3pm – 10pm (within that time) |
| <input type="checkbox"/> | Saturday, April 26 | 9:00 am – 3:00 pm |
| <input type="checkbox"/> | Saturday, April 26 | 4:00 pm – 10:30 pm |
| <input type="checkbox"/> | Sunday, April 27 | 9:00 am – 3:00 pm |
| <input type="checkbox"/> | Sunday, April 27 | 4:00 pm – 1:00 am (within that time) |
| <input type="checkbox"/> | Sunday, April 27 | tear down – 11pm & 1:00am (details provided) |

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, 476 Tenth St, Nanaimo BC, V9R 1A1

QUESTION

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

CCC/IFB 2025

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VOLUNTEER POSITIONS

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 Canadian Closed Championship/ Island Fantasy Ball and its producer, DanceSport BC and 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 CCC/IFB, 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 CCC/IFB.

Name: _____

Signature of applicant

Date