

# Volunteer

## SIGN UP FORM



You will be contacted when we receive your application. Your placement and work time will be confirmed some days prior to our event.

### PERSONAL INFORMATION

First Name:

Last Name:

Street Address:

Street Address Line 2:

City:

Province:

Postal Code:

Email:

Phone Number:

Are you over 18?

Yes

No

How did you hear about us?

Do we have your permission to take photographs during events for IYCA usage?

Yes

No

School or Organization:

What days are you availability to volunteer (please circle whether AM, PM or both?)

Monday - AM or PM

Thursday - AM or PM

Sunday - AM or PM

Tuesday - AM or PM

Friday - AM or PM

As Needed

Wednesday - AM or PM

Saturday - AM or PM

Date:

\_\_\_\_\_  
(Your Name)