



**Airdrie Festival of Lights  
2016 Volunteer Application Form**

[coordinator.afols@gmail.com](mailto:coordinator.afols@gmail.com)

Ph 403-912-9627

PO Box 10353 Airdrie, AB T4A 0H6

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (yyyy-mmm-dd): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize and consent to a RCMP Criminal Record and Vulnerable Sector Check.

Applicant's Signature: \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No

**Job Positions**

Which Positions In December Would You Be Interested In?

- |  |   |
|--|---|
| <input type="checkbox"/> Night Leader        | <input type="checkbox"/> Assistant Night Leader |
| <input type="checkbox"/> VMT                 | <input type="checkbox"/> Assistant VMT          |
| <input type="checkbox"/> Train Station Sales | <input type="checkbox"/> Train Assistant        |
| <input type="checkbox"/> Train Driver        | <input type="checkbox"/> Parking Attendant      |
| <input type="checkbox"/> Floater             | <input type="checkbox"/> Donation Collection    |
| <input type="checkbox"/> Mascot              | <input type="checkbox"/> Fire Pits              |

Are there any concerns that would prevent you from taking an outside position?

Yes  No

Are you available in the off season to help with ongoing jobs related the Festival of Lights?

Yes  No

Do you have any special skills or training? (Electrician, Carpenter, Grant Writer, etc)

May we contact you via email newsletter to inform you of any upcoming events or volunteer opportunities? We do not share your email.

Yes  No

Are you fluent in any other language? \_\_\_\_\_

Does your employer offer an Employee Volunteer Grant Program?  Yes  No

**Emergency Contact Info**

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Are You Interested In Joining Our Board of Directors?**

(If No, then proceed to References)

Relevant experience and/or employment (attach a resume if relevant) \_\_\_\_\_

Why are you interested in joining the Airdrie Festival of Lights Society? \_\_\_\_\_

What areas of expertise or special skills do you possess? \_\_\_\_\_

Would you be interested in joining one of our committees instead?

Yes

Which One: \_\_\_\_\_

No

Have you previously served on a Board of Directors?

Yes

No

Which Organization/How Long? \_\_\_\_\_

Other Volunteer Service? \_\_\_\_\_

How much time do you think you will be able to contribute? \_\_\_\_\_

**Areas of Interest (Check all that apply)**

Finance

Fundraising

Governance

Volunteer Program

Maintenance

Sponsorship

Truck Driver

Human Resources

Communication

Media Relations

Marketing

Grant Applications

Legal Relations

Entertainment

Electrical

Equipment Operator

Construction

Advertising

Vendor Relations

Other

**Please Provide One Reference - Not Related to You**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Length of Time? \_\_\_\_\_

## Authorization and Consent for All Volunteers

I understand the need for the Airdrie Festival of Lights Society / Foundation to carefully screen all volunteer applicants, including Board Members.

- I have completed and reviewed this entire form, and attest that the information I have provided is true.
- I agree and acknowledge that the Airdrie Festival of Lights Society/Foundation will contact the individuals I have given as references, and will verify the accuracy of all information I have provided.
- I understand that a condition of acceptance for any volunteer role, with the Airdrie Festival of Lights is that I complete a RCMP Criminal Record and Vulnerable Sector Check.
- I understand that any false information I have given, or any incident recorded on my RCMP Criminal Record and Vulnerable Sector Check may result in my being rejected for any volunteer role with the Airdrie Festival of Lights Society/Foundation.
- I understand that the Airdrie Festival of Lights Society/Foundation has the right to deny any individual as a volunteer for the Society/Foundation, and reserves the right to have a RCMP Criminal Records and Vulnerable Sector Check conducted again at any time during a volunteer's service with the Society/Foundation.

**Initial:** \_\_\_\_\_

### Photo Release

In consideration of the acceptance of my application to participate as a volunteer for the Airdrie Festival of Lights (AFOL), I authorize and give full permission to the AFOL for use of my name and photograph, still or video in connection with my volunteer activities and I consent to the use of such material or its reproduction in any manner and by any medium which the AFOL deems appropriate.

Yes

No

**Initial:** \_\_\_\_\_

### Statement of Confidentiality

- Volunteers will agree to keep all matters relating to the work of the AFOL completely confidential and not to disclose or use such information without the consent of the President.
- I do willingly promise to abide by the policies of the AFOL Volunteer Program and to hold in confidence all matters that come to my attention in the line of duty at the AFOL, including information from and about other volunteers.
- I will respect the privacy of the people whom I serve and discuss any problems I have with my commitment appropriately with those designated as my supervisors.
- Further, I will use in a responsible manner information gained in the course of my service at the AFOL.

**Initial:** \_\_\_\_\_

**I have read this Authorization and Consent Statement fully and understand its contents.**

Applicant's Signature: \_\_\_\_\_

### If Applicant is under 18 years of age, Parent/Guardian's Signature Required

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd.mmm.yyyy) \_\_\_\_\_

**For Board Use**

- Application reviewed by the screening committee.
- Nominee interviewed by the Screening Committee.
- Reference Check Completed.
- Criminal Record & Vulnerable Sector Check

Date \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_

Action taken by the Board \_\_\_\_\_

Date of Action \_\_\_\_\_

Review Date: _____	Completed By: _____
Results: _____	
<b>Signature:</b> _____	

Review Date: _____	Completed By: _____
Results: _____	
<b>Signature:</b> _____	

Review Date: _____	Completed By: _____
Results: _____	
<b>Signature:</b> _____	

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