

ONTARIO WINTER CARNIVAL



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VOLUNTEER APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Postal Code		
Phone	E-mail Address		
Business Phone			
Date Available			
Indicate the reason you are seeking a volunteer position (check all that apply)			
Personal Fulfillment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
School Requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Community Service	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

VOLUNTEER AREA(S) PREFERRED				
Souvenir Store	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bum Slides	YES <input type="checkbox"/> NO <input type="checkbox"/>
Opening Night	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Setup/Takedown	YES <input type="checkbox"/> NO <input type="checkbox"/>
Rides	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Haywagon	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please Specify:	
			Times Preferred (Please Circle)	
			Mornings	Afternoons
			Evenings	Nights
			Weekdays	Weekends

REFERENCES	
<i>Please list two references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date