

Calling all Volunteers!! Young and young at heart!



AppleFest



Free T-Shirt
Food and drink coupons
Volunteer hour credits for
students

Friday, September 16
Saturday, September 17
Sunday, September 18

Requirements

Please report to the Volunteer Dispatcher at Memorial Hall to confirm assigned duties ½ hour prior to your shift. To receive credit for volunteer hours you must sign in and out at the end of your shift(s). You may schedule more than one shift back-to-back but may be assigned to different duties.

Duties – 3 shifts per day available

- Set-up Friday night 6:00 – 8:00 pm (tables, chairs & signs)
- Set-up Saturday 7:00 am to 9:00 am – assist vendors moving inventory from vehicle to vendor space
- Saturday & Sunday 10:00 am to 6:00 pm – direct parking of vehicles, assist committee in various areas, provide vendor relief
- Sunday 5:00 – 8:00 pm – tear down, assist vendors moving inventory from vendor space to vehicle, move tables & chairs, clean up festival area

Please complete the form below and return to one of the following:

- volunteer.applefest@bellnet.ca
- Brown Dog Cafe, 41 Main Street S., St. George

Name: _____ Phone number: _____ Age: _____

E-mail address: _____ High School: _____

I am willing to help with the following task(s). (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Vendor take-down |
| <input type="checkbox"/> Sign Installation/Removal | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Donation collection | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Children's activities | <input type="checkbox"/> Information booth |
| <input type="checkbox"/> Vendor set-up | <input type="checkbox"/> Pony rides |
| <input type="checkbox"/> Vendor breaks | <input type="checkbox"/> Festival take-down |

Please indicate what times you would like to volunteer:

	8 am to 10 am	10 am-2 pm	2 pm – 6 pm	6 pm – 8 pm
Friday	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	
Saturday				xxxxxxxxxxxx
Sunday	xxxxxxxxxxxx			

Signature: _____ Date: _____

Parent or guardian (print) if under 16: _____

Parent or guardian (signature) if under 16: _____

Does student have a pre-existing medical condition? Yes No If yes what? _____