

One Day Event - Volunteer Application

Behind each and every event connected to Calgary health Trust, there is a committed volunteer who has put their heart into our organization. We could not do it without you.

Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>
Emergency Contact	<input type="text"/>	Phone Number	<input type="text"/>

Would you like to know about upcoming volunteer opportunities at the Calgary Health Trust?

Event Details

Name of the Event	<input type="text"/>		
Event Date	<input type="text"/>	Event Location	<input type="text"/>

Areas of Assignment

- | | | | | |
|--|--|---|---|---------------------------------|
| <input type="checkbox"/> Registration desk | <input type="checkbox"/> Recruitment & Recognition calls | <input type="checkbox"/> 50/50 ticket sales | <input type="checkbox"/> Auctions | <input type="checkbox"/> others |
| <input type="checkbox"/> Greeter/Host | <input type="checkbox"/> Event Logistics/setup tear down | <input type="checkbox"/> Raffles & contest | <input type="checkbox"/> Silent Auction setup | |

Declaration

I hereby release rights to photographs, video and / or statements taken by the Calgary Health Trust to use in possible promotional or educational materials, including the Calgary health Trust's website. I waive and release any all claims for myself, my heirs, executors and administrators against the Calgary Health Trust, its agents, employees and licensees and any sponsors, officials and organizers of the event in conjunction with any injury, illness or death which may directly or indirectly result from my participation in this event, or from any claim arising in connection with the use of my name or any photographs of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of the Calgary Health Trust. I have read and fully understand and agree with the contents of this Agreement, Prior to participating in the event.

Applicant Name	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		