

Salmon Arm & Shuswap Lake Agricultural Association

CONVENOR/VOLUNTEER APPLICATION FORM

(Please return to Salmon Arm Fair, Box 101, Salmon Arm, BC, V1E 4N2)

Name (First and last):			
Address:			
Town:			Postal Code:
Phone (day):		Evening:	Cell:
e-mail:		What is the best time to contact you:	

Do you exhibit at the Fair? Yes No

Age: **Under 18** **18-24** **25-34** **35-44** **46-65** **Over 65**

Please indicate the areas that you would be most interested in helping out. If you have already volunteered regularly in a specific area, please write next to the area any specific function that you have been given.

- | | |
|---|---|
| <input type="checkbox"/> Convenor
<input type="checkbox"/> Poster
<input type="checkbox"/> Setup for the Fair (Inside? <input type="checkbox"/> Outside? <input type="checkbox"/>)
<input type="checkbox"/> Taking in Exhibits
<input type="checkbox"/> Maintenance/Construction
<input type="checkbox"/> Gardening/Painting
<input type="checkbox"/> Take-down the Fair | <input type="checkbox"/> Parade
<input type="checkbox"/> Gates/Security
<input type="checkbox"/> Runner
<input type="checkbox"/> Office
<input type="checkbox"/> Livestock (Area? _____)
<input type="checkbox"/> Concession Booth Assistant |
|---|---|

AVAILABILITY:		Prior to the Fair						During the Fair			After the Fair					
Please circle all which apply:		Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Mark with a X all times that you would be available	Morning															
	Afternoon															
	Evening															

Do you have past volunteer experience with the Salmon Arm Fair? When? _____ Area: _____

Signature of Applicant: _____ Date: _____

* If you are under 18, you must have a parent or guardian sign the application:

Signature of Parent/Guardian: _____ Date: _____