

SUMMERFOLK 2017 VOLUNTEER APPLICATION

(FOR WEBSITE APPLICANTS, PLEASE PRINT FORM, COMPLETE, AND MAIL TO ADDRESS AT BOTTOM)

NAME: _____ EMAIL: _____
ADDRESS: _____ POSTAL CODE: _____
DOB: __/__/__ # OF YEARS AT SUMMERFOLK ____ PAST CREW/S _____
HOME PHONE: _____ CELL/WORK PHONE: _____
EMERGENCY CONTACT _____ RELATIONSHIP: _____
EMERGENCY CONTACT PHONE _____
HEALTH ISSUES YOU WOULD LIKE YOUR CREW CHIEF TO BE AWARE OF: _____

HAVE YOU ALREADY BEEN CONFIRMED ON A CREW FOR 2017? IF SO, PLEASE PROVIDE NAME OF CREW: _____
AND CREW CHIEF: _____

IF YOU HAVE NOT BEEN CONFIRMED ON A CREW, YOU WILL BE ASSIGNED TO ONE WHERE POSSIBLE.

PLEASE CIRCLE YOUR INTERESTS AND NUMBER IN ORDER OF PREFERENCE.

PLEASE NOTE: THE MINIMUM AGE TO VOLUNTEER AT SUMMERFOLK IS 14. INDIVIDUAL CREW RESTRICTIONS MAY APPLY. SEE DESCRIPTIONS ON WEBSITE.

ACCREDITATION

APPRENTICE CREW (14 TO 18 YEARS)

ARTISAN VILLAGE

AUTOGRAPH TABLE

BACKSTAGE CAFÉ

BACKSTAGE HOSPITALITY

BAR (MINIMUM AGE 19)

BOX OFFICE

CAFÉ OF THE SENSES

CHILDREN'S AREA

COMMERCIAL FOOD

CONSTRUCTION (MINIMUM AGE 16)

CONSTRUCTION FOOD

DANCE

ELECTRICAL

FINANCE

FIRST AID/CHILD REGISTRATION

GENERAL STORE

GREENING

HOME MADE JAM

HOTEL HOSPITALITY

INFORMATION

INSTRUMENT LOCK-UP

INSTRUMENT SHUTTLE

MASSAGE THERAPY

MEDIA LIAISON

PARKING

PAYROLL

PERFORMER SHUTTLE

RAFFLE

SECURITY (MINIMUM AGE 18)

SHARING CIRCLE

STAGING

TRASH

PLEASE CONTINUE TO FILL OUT FORM ON REVERSE SIDE OF PAGE

DO YOU HOLD A CURRENT 1ST AID CERTIFICATE? ___ YES ___ NO

ARE YOU CERTIFIED IN CPR? ___ YES ___ NO

DO YOU HAVE SIPS/SMART SERVE TRAINING? ___ YES ___ NO

DO YOU HAVE SPECIFIC SKILLS YOU WOULD LIKE US TO KNOW ABOUT? _____

IT IS THE POLICY OF THE GBFS THAT ALL VOLUNTEERS ARE REGISTERED WITH THE GEORGIAN BAY FOLK SOCIETY. ARE YOU CURRENT? ___ YES ___ NO TYPE OF MEMBER: _____

ALL GBFS VOLUNTEERS MUST READ AND ABIDE BY THE GBFS PERSONS WITH DISABILITIES CUSTOMER SERVICE POLICY PLEASE CLICK ON THE LINK AND REVIEW THE DOCUMENTS. PRINTED COPIES ARE AVAILABLE AT THE OFFICE.

https://drive.google.com/file/d/0BxX_NSTe_BypTmRFbkxhei1BYjA/view?usp=sharing

I HAVE READ AND UNDERSTAND THE GBFS CUSTOMER SERVICE POLICY MENTIONED ABOVE ___ YES

INTERESTED IN VOLUNTEERING FOR OTHER GBFS EVENTS THROUGHOUT THE YEAR? ___ YES ___ NO

BY PAYING \$15.00 PLEASE CONSIDER THIS MY APPLICATION AS A **FOLKIE**. (FRIEND OF THE FESTIVAL) PAYMENT CAN BE MADE BY CASH, DEBIT, CHEQUE OR CREDIT CARD

_____ - PAYMENT RECEIVED ON _____
(INITIALS OF OFFICE STAFF)

PLEASE NOTE:

COMPLETING THIS FORM DOES NOT GUARANTEE YOU A PLACE ON A CREW — TO VOLUNTEER ON A CREW, YOUR POSITION MUST BE CONFIRMED BY CREW CHIEF.

THANK YOU AGAIN FOR COMPLETING THIS FORM. ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND IS FOR THE SOLE USE OF THE GEORGIAN BAY FOLK SOCIETY.

IN CONSIDERATION OF COMPLETING THIS FORM, I HEREBY RELEASE THE GEORGIAN BAY FOLK SOCIETY FROM ANY INJURY OR LOSS OF PROPERTY RESULTING IN MY PARTICIPATION IN THE 2017 SUMMERFOLK MUSIC AND CRAFTS FESTIVAL. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ATTACHED VOLUNTEER POLICIES AND WILL ADHERE TO THOSE POLICIES.

SIGNATURE: _____ **DATE:** _____

FOR APPLICANTS UNDER 18 YEARS, PARENTAL AUTHORIZATION IS REQUIRED. APPLICANT'S AGE: ____
(SEE RESTRICTIONS)

PARENT/GUARDIAN PERMISSION: I HEREBY GIVE PERMISSION FOR _____ TO BE A VOLUNTEER AT 2017 SUMMERFOLK MUSIC & CRAFTS FESTIVAL.

PARENT/GUARDIAN SIGNATURE: _____ PRINTED NAME: _____

PARENT/GUARDIAN PHONE: _____

RETURN MAILING ADDRESS: GEORGIAN BAY FOLK SOCIETY
PO Box 521
1101 - 2ND AVENUE EAST
OWEN SOUND, N4K 5R1

TEL.# (519)371 - 2995 EMAIL: gbfs@bmts.com

PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING & PRINT DOUBLE-SIDED, WHEN POSSIBLE.