



NEW HEIGHTS VOLUNTEERS INFORMATION FORM
June 21, 2024

Name:		Pronouns:	
Date of Birth:		Allergies:	
Address:			
City:		Province:	
Postal Code:			
Phone:			
Email Address:			
Emergency Contact:		Phone:	
Relationship:			

Interest(s): *Every effort will be made to accommodate your selection(s), however roles can not be guaranteed. Please check all roles of interest.*

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Parking Attendant | <input type="checkbox"/> Registration | <input type="checkbox"/> Directions/Wayfinding | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Setup/Tear Down | <input type="checkbox"/> Cleaning Crew | <input type="checkbox"/> Games | <input type="checkbox"/> Float/Breaks |
| <input type="checkbox"/> Basket Assistant | <input type="checkbox"/> Donations | <input type="checkbox"/> Food/Drink Stations* | |

I have a certificate/training in the following:

- Smart Serve
- Safe Food Handler
- CPR
- First Aid

Volunteer Signature: _____

Date: _____