



CHILLIWACK FLIGHT FEST SOCIETY
VOLUNTEER APPLICATION

46206 AIRPORT ROAD CHILLIWACK BC V2P 1A5
EMAIL:volunteer@chilliwackairshow.ca

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Cell#: _____ Email: _____

Emergency Contact Info: Name: _____ Phone: _____ Relationship: _____

Male Female Age Group 13-18 19-29 30-49 50+

PLEASE CHECK BELOW 3 AREAS YOU WOULD YOU PREFER TO VOLUNTEER IN?

- | | | |
|---|---|--|
| <input type="checkbox"/> Information\Souvenir Booth | <input type="checkbox"/> Grounds | <input type="checkbox"/> Kid's landina |
| <input type="checkbox"/> Security\Traffic Control | <input type="checkbox"/> Volunteer Services | <input type="checkbox"/> Entry Hosts/Donation Collection |
| <input type="checkbox"/> Set-up | <input type="checkbox"/> Tear-down | <input type="checkbox"/> Dance Set up /Tear Down |

(Please Note you may be asked to help in an area not chosen)

Please indicate if you have specific training, skills or interests:

ALL NEW FLIGHT FEST VOLUNTEERS ARE REQUIRED TO PROVIDE AN ORIGINAL CRIMINAL RECORD CHECK THAT IS SATISFACTORY TO THE VOLUNTEER DIRECTOR PRIOR TO THE COMMENCEMENT OF ANY VOLUNTEER DUTIES. THE CRIMINAL RECORD CHECK MUST HAVE BEEN EXECUTED WITHIN THE PRECEDING 6 MONTHS OF THE DATE ON THE VOLUNTEER APPLICATION FORM AND MUST BE PROVIDED ALONG WITH THIS APPLICATION. ANY COST RELATED TO OBTAINING THE CRIMINAL RECORD CHECK IS THE SOLE RESPONSIBILITY OF THE APPLICANT. A VOLUNTEER'S ORIENTATION MEETING WILL BE HELD **WEDNESDAY, JULY 11, AT 7:00 PM.**

Signature: _____

Date: _____

For Office Use

Date received: _____ Assigned to: _____

Issue: Airside Pass / Non-Airside Pass Criminal Record Check Required: Yes / No

Notes: