



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?

- Information\Souvenir Booth, Security\Traffic Control, Set-up, Grounds, Volunteer Services, Tear-down, Kid's landing, Entry Hosts/Donation Collection, 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.

Signature: Date:

For Office Use

Date received: Assigned to:

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

Notes: