



2012 VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone (day) _____ Phone (evening) _____ Phone (cell) _____

Best time to call: _____ Email address: _____

Age: under 19 19-24 25-34 35-44 45-65 over 65

Do you have previous volunteer experience? yes no

If yes, please explain: _____

Which area/position interests you? (Check all that apply):

- Kid Zone
- Parking
- Information booth
- Set-up and take-down
- Runner
- Floater - general, relief

Please check your availability:

Saturday: Morning Afternoon Evening
Sunday: Morning Afternoon Evening
Monday: Morning Afternoon Evening

Please provide the names and phone numbers of two references:

Reference #1 Name: _____ Reference #1 Phone: _____

Reference #2 Name: _____ Reference #2 Phone: _____

Signature: _____ Date: _____

Please return completed applications to: **Comox Nautical Days, P.O. Box 1397, Comox, BC V9M 7Z9**

Questions? Contact Bob McQuillan at 250-339-1120 or ravensjourney@shaw.ca

An online application is also available at www.comoxnauticaldays.com/volunteer_application.html