



The Art of Eating Food & Wine Festival

Event Volunteer Application

Tecumseh BIA | 1189 Lacasse Blvd. | Tecumseh, ON N8N 2C7
Office: 519.735.3795 | Fax: 519.735.5978 | E-mail: bia@tecumseh.ca



PLEASE PRINT CLEARLY. Submit this completed application in person, by fax, email or to the address above no later than **Friday, July 29, 2011.** It is recommended that you keep a completed and signed copy of this application for your records. Please complete all 4 pages.

Date of Application	
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Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Cell and/or Work Phone	
E-Mail Address	

Emergency Contact Information

Name	
Relationship	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Personal Information

Have you ever been convicted of a criminal offence for which a pardon had not been granted?	Yes ____ No ____ (Please check or circle)
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If yes, please explain:

If under 19 years of age before August 12, 2011, please include your age:

Are you applying for volunteer services to fulfill a school community service requirement?	Yes ____ No ____ (Please check or circle)
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If yes, how many hours required:

Please check all current qualifications/certifications you have:

Smart Serve: ____ First Aid: ____ CPR: ____ Security: ____

Previous Art of Eating Volunteer: Yes: ____ No: ____

If as a volunteer, you require special accommodations due to a disability, please provide details:

Availability

Volunteer shifts will be broken down into 3 hour increments. Please confirm your availability for each of the three days of the event with a check mark in the appropriate boxes below. **Please remember to keep a record of the hours you indicate you are available.**

Shift Times	Friday, August 12, 2011	Saturday, August 13, 2011	Sunday, August 14, 2011
7:00 am – 10:00 am		-----	-----
10:00 am – 1:00 pm			
1:00 pm – 4:00 pm			
4:00 pm – 7:00 pm			
7:00 pm - 10:00 pm			
10:00 pm – 1:00 am			-----

Possible Duties: (to be assigned by volunteer committee)

- | | | | |
|---------------|---|-----------------|---------------------------|
| Security | Admission/ID Checking
<small>(ability to read small print)</small> | Water Sales | Bottle/Garbage Collection |
| T-Shirt Sales | Wine Glass Sales | Event Set Up | Ice Sales |
| Runners/Misc. | Parking Lot Attendant | Anywhere needed | Event Tear Down |

Poster Distribution Prior to Event

Are there any duties mentioned above that you would be unable to perform? Please explain.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Our Policy

It is the policy of **The Art of Eating Food and Wine Festival** that applications are accepted and positions filled without regard to the applicant's race, ancestry, place of origin, handicap, citizenship, creed, sex, sexual orientation, age, record of offenses, marital status, or family status.

The personal information collected on this application form will be used for the purposes of establishing and maintaining the volunteer relationship and will not be used for any other purpose or disclosed to any third parties without first notifying you. **The Art of Eating Food and Wine Festival** shall protect personal information by security safeguards appropriate access, disclosure, copying, use, modification or destruction, through appropriate security measures. The volunteer application form will be retained for six months in the case of an unsuccessful applicant and three years if the applicant is successful and becomes a volunteer with **The Art of Eating Food and Wine Festival**.

I, the undersigned, declare the information provided herein is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from a volunteer position, or cause my dismissal. I authorize any person, educational institution, or organization I have listed as a reference to disclose in good faith any information they may have regarding my qualifications for a volunteer placement. I will hold you and any of my former employees, education institutions and any other person giving references free of liability for providing this information and any other reasonable and necessary information related to my application for volunteer placement.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (print)	
Date	

Thank you for completing this application form and for your interest in volunteering with us. It is very much appreciated and we are counting on your commitment to ensure the success of this event.

SAVE THE DATE:

All volunteers will be required to attend ONE of the two mandatory training meetings listed below:

Please mark these dates in your calendar:

Training Meeting:
Monday August 8, 7:00 pm
OR
Tuesday, August 9, 7:00 pm
Knights of Columbus
152 Lesperance Rd. Tecumseh, ON

Volunteer Coordinators:

Beth Oakley Phone: 519.819.4911 E-mail: oakleyb@uwindsor.ca
Brooke White Phone: 519.564.8338 E-mail: mouse@uwindsor.ca