

VOLUNTEER INFO

Name: _____
 Email: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 Fax: _____

EMERGENCY

Name: _____
 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 Email: _____
 Relationship: _____

AVAILABILITY

During the event, when can you volunteer
(min of 16 hours during event, no maximum)

| | Morning | Afternoon | Evening |
|---------|--------------------------|--------------------------|--------------------------|
| May 2nd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| May 3rd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| May 4th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| May 5th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| May 6th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EARLY BIRD INFO

Volunteer in the office before the event
 Office Work Postering

Computer Skills:
 Data Entry HTML
 WPM: _____ Other Skills: _____

Audio Engineering:
 When are you available to volunteer weekdays

| | Morning | Afternoon | Evening |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WORK EXPERIENCE

Please provide a brief summary of any work experience that would support the job area you choose and any additional information (talent, skills, languages, etc)

CATEGORIES

| | | | |
|--------------------------|-------------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Administration | <input type="checkbox"/> | Media Assistants |
| <input type="checkbox"/> | Cashiers | <input type="checkbox"/> | Registration |
| <input type="checkbox"/> | Hospitality | <input type="checkbox"/> | Sinage/Set-up |
| <input type="checkbox"/> | Festival Door | <input type="checkbox"/> | Stage Hands |
| <input type="checkbox"/> | Floater Pool | | |
| <input type="checkbox"/> | Conference Technical Services | | |

(Indicate your top 3 choices in order of preference 1, 2, 3)

EXPERIENCE

Have you volunteered/worked for any other special events before?
 Yes (specify) _____ No

Event: _____ Year: _____
 Description of Duties: _____

Event: _____ Year: _____
 Description of Duties: _____

OTHER INFO

Are you 19 years or older *(if not please fill out waiver below)*
 Yes No

Would you be able to assist in driving
 Yes No

If Yes:
 Before the event Yes No
 During the event Yes No

Could you use your own vehicle
 Yes No

Do you have a Class 4 License
 Yes No

What you need to know

All applications will be acknowledged by email upon receipt. You're availability will be considered when scheduling for the event begins. Our volunteer coordinator will be in contact with you to further discuss your application. In the meantime, please be patient, we get a great deal of applications every year, so it may take some time.

Where to send the application

By Email: info@29productions.ca
 By Mail: 301 - 1062 Homer St
 Vancouver, BC
 V6B 2W9

OFFICE USE ONLY

Entered by: _____
 Accepted _____

FOR VOLUNTEERS 15 - 18 YEARS OLD

Dear Parents/Guardians:
 The following is in reference to your child's participation in the NewMusicWest 2008 Festival and Conference. To ensure their acceptance as a volunteer, please fill out the following form and return to:

NewMusicWest 2008
 300 - 1062 Homer St
 Vancouver, BC
 V6B 2W9

or
 bring this form with you when you come in to the office for the first time

If you have any questions please contact our office at info@29productions.ca

To NewMusicWest 2008,
 I, parent/guardian of _____, give permission to him/her to volunteer at NewMusicWest for pre-event work and/or during the event from May 14 - 18 2008. NewMusicWest is not responsible for any injury or loss while volunteering and reserves the right to refuse participation if a volunteer fails to perform any duties or fails to meet the standards set by management.

Thank you for your cooperation.

Parent/Guardian

Signature: _____

Print Name: _____

Date: _____