

Volunteer Application Form 2010

All volunteers must register prior to Friday, April 21, 2010 by completing this application. Once reviewed, if accepted, you will be contacted with the information for Orientation.

CONTACT

Name		
Street Address		
City / Prov / Postal		
Phone	Home:	Alternate:
E-Mail Address		
Emergency Contact	Name:	Phone:
Parent/Guardian (for volunteers under 16)	Signature:	Phone:

- I have previously volunteered for Doors Open Hamilton.
- I am a student and will provide an authorized form from my school that will require a Doors Open Hamilton supervisor to sign for the hours I volunteered. This will include the hours I volunteer for the event weekend, and the mandatory orientation session.

Please select times during the event weekend you will be available:

Saturday May 1	√	Sunday May 2	√	Prior to OR After Event	√
All day (9:30am to 4:30pm)		All day (9:30am to 4:30pm)		Mornings	
Morning only (9:30 to 1:30)		Morning only (9:30am to 1:30pm)		Afternoons	
Afternoon only (Noon to 4:30pm)		Afternoon only (Noon to 4:30pm)		Evenings	
				Weekends	

AVAILABILITY & LOCATION

- I would like to apply to join the Doors Open Hamilton Organizing Committee
- I would like to help Doors Open Hamilton in another area of expertise: _____
- I use public transit OR I have a vehicle (or guaranteed ride) AND I have a valid driver's license
- I would like to request a site that has a washroom available to volunteers.
- I am unable to stand for long periods of time.

Please select a minimum of 2 regions of preference:

Hamilton Downtown (Core area)		Flamborough/Waterdown	
Hamilton Mountain (East & West)		Stoney Creek/Hamilton East	
Ancaster/Dundas/Hamilton West		ANY REGION	

- I will attend the mandatory Volunteer Orientation session where I will be provided with information and training for my site placement (date, time, and location yet to be determined).
- I agree to follow all conduct outlined at the 2010 Volunteer Orientation session.

Signature _____

Date _____

Return to Heather by:

fax 905.540.5511 or mail c/o 77 James St. N. Suite 305, Hamilton ON L8R 2K3 or
complete the **online** Volunteer Application at www.doorsopenhamilton.ca

Questions? volunteer@doorsopenhamilton.ca or leave a message at 905.540.5086

All information collected on behalf of Doors Open Hamilton will remain confidential and be used for contact and recognition purposes only.

FOR DOH VOLUNTEER COORDINATOR ONLY

ASSIGNMENT 1: LOCATION: _____ DATE: _____ TIME: _____

ASSIGNMENT 2: LOCATION: _____ DATE: _____ TIME: _____

Special notes: _____
