



Volunteer Application Form

Name: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____
 E-mail: _____
 Home Phone: _____
 Cell Phone: _____
 Availability: _____
 Interests: _____

FOR OFFICE USE ONLY

CHAIRPERSON'S APPROVAL AND/OR COMMENTS:

CHAIRPERSON'S SIGNATURE:

DATE: _____

BACKGROUND INFORMATION:

How long have you been a Resident in Medicine Hat? _____

In which other volunteer organizations (if any) are you or have you been involved? _____

OR...

Please itemize specific areas of interest and/or expertise you have: _____

WHICH STAMPEDE ACTIVITIES INTEREST YOU MOST: (Check all that interest you)

- | | | | |
|--|--|--|-----------------------------------|
| Spring Rodeo <input type="checkbox"/> | Summer Rodeo <input type="checkbox"/> | Night Show <input type="checkbox"/> | 50/50 <input type="checkbox"/> |
| Social <input type="checkbox"/> | Horse Show <input type="checkbox"/> | Country in the City <input type="checkbox"/> | Pen Show <input type="checkbox"/> |
| Art/Crafts <input type="checkbox"/> | Chuckwagons <input type="checkbox"/> | Parade <input type="checkbox"/> | Queen <input type="checkbox"/> |
| Pioneer Village <input type="checkbox"/> | Health & Safety <input type="checkbox"/> | | |

List any other activities: _____

List names of acquaintances now working as Stampede Volunteers: _____

Signature: _____

Date: _____

