



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"/> |
| Visual Arts <input type="checkbox"/> | Chuckwagons <input type="checkbox"/> | Parade <input type="checkbox"/> | Kiddies Day <input type="checkbox"/> |
| Better Living <input type="checkbox"/> | Queen <input type="checkbox"/> | Pioneer Village <input type="checkbox"/> | Olde Tyme Christmas <input type="checkbox"/> |
| Health & Safety <input type="checkbox"/> | List any other activities: _____ | | |

List names of acquaintances now working as Stampede Volunteers: _____

Signature: _____

Date: _____