Welland Heritage Council
and Multicultural Centre

Welland Dragon Boat Festival
Volunteer Application

Name: Date of Birth

Address: _____

_____

Phone: _____ Email:_____

Please fill out the information below to they best of your ability:

Have you volunteered at the Welland Dragon Boat Festival before?

NO___ Yes___

If YES, in what role?

Have you worked at a regatta before?

NO___ Yes___

If YES, in what role?

Tell us a little bit about yourself:

Tell us about your past volunteer or work experience (If applicable)

_____

26 East Main Street, Welland, ON L3B 3W3
Phone: 905-732-5337 **Fax:** 905-732-0212
E-mail: info@wellandheritagecouncil.com
Visit us online:www.wellandheritagecouncil.com

What roles are you interested in volunteering in?

___ Registration
___ Boat holding
___ Waste collection
___ Security
___ Team Marshalling
___ Runner/Floater

Do you have a first aid certificate?

NO___ Yes___

If YES, what is your highest level of certification? _____

Do you have a Canadian Boaters License?

NO___ Yes___

Please select your availability:

___ June 9th (full day availability) **OR** June 9th between the hours of_____

___ June 10th (full day availability) **OR** June 10th between the hours of_____

Please sign and date this form. All information will be kept confidential.

Name_____

Date _____

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