



Steveston Farmer's & Artisan's Market
Steveston Salmon Festival
Volunteer Application Form

First Name: _____ Last Name: _____
Address: _____ Postal Code: _____
Home Tel. Number: _____ Email: _____
Age: under 18 yrs over 18yrs Today's Date: _____

Which events are you interested in volunteering at?

- Steveston Salmon Festival Steveston Farmer's & Artisan's Market

Please check off which areas you'd like to help out with:

- Set-up Take-down
 Set-up & Take-down Parking Attendant (must be 18+ years)
 Entertainment Information Booth
 Safety & Risk Assessment (SFAM only) Children's area/crafts
 Marketing & Promotion Bookkeeping/Finance
 Volunteer Coordination Food & Beverage Booth
 Other: (please explain) _____

Please check off the time of day you are available:

- Morning Afternoon All day

Do you have any of the following?

- Class 4 Driver's License First Aid Food Safe Other _____

Do you agree to an R.C.M.P criminal check? Yes No

Have you volunteered for the Steveston Community Society/Centre? Yes No

If yes, please indicate what area and when: _____

Note: Participants under the age of 18 will be required to submit a parental consent package.

THANK YOU for your interest in volunteering!

We will contact you soon to explore the areas that interest you!