



# GREEK SUMMERFEST 2015 VOLUNTEER FORM

Return to Vivean Ready viveangreeksummerfest@yahoo.ca 604-377-9444

(Please Print)

Volunteer's Last name:		Home phone no:		Cell phone no.:	
First:		( )		( )	
Are you available to volunteer before or after the event?	Are you available to volunteer weekdays and/ or weekends	If you are available to volunteer weekdays are you available mornings, afternoons or evenings?	If you are available to volunteer weekends are you available mornings, afternoons or evenings?		
<input type="checkbox"/> Before <input type="checkbox"/> After	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends	<input type="checkbox"/> AM <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> AM <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Are there specific dates you would not be available?					
How many times would you like to help (shift are typically 4-5 hours)					
<input type="checkbox"/> 2-3 times		<input type="checkbox"/> 4-6 times		<input type="checkbox"/> 7-8 times <input type="checkbox"/> 9-11 times	
Have any special skills you can bring to the community?(Serving it right, food safe, first-aid)					
What areas would you like to help? (check all that would apply)					
Before/after:	Food preparation:	Service:	Service(cont):		
<input type="checkbox"/> Souvlaki Preparation	<input type="checkbox"/> Salad Preparation	<input type="checkbox"/> Pita Wraps /Salad	<input type="checkbox"/> Bar		
<input type="checkbox"/> Pita Preparation	<input type="checkbox"/> Pita wrap Preparation	<input type="checkbox"/> Dinner plates	<input type="checkbox"/> Cashier		
<input type="checkbox"/> Construction	<input type="checkbox"/> French fries	<input type="checkbox"/> Loucoumades	<input type="checkbox"/> Neighbour liaison		
<input type="checkbox"/> Flyer distribution	<input type="checkbox"/> BBQ Souvlakia	<input type="checkbox"/> Coffee/dessert	<input type="checkbox"/> Parking Lot		
<input type="checkbox"/> Tear down	<input type="checkbox"/> Loucoumades	<input type="checkbox"/> Table Service	<input type="checkbox"/> Recycling		
<input type="checkbox"/> Other	<input type="checkbox"/> Food runners	<input type="checkbox"/> Raffle Tickets	<input type="checkbox"/> Other		
Emergency Contact Last name:		First:		Home phone no:	
				( )	
				Cell phone no.:	
				( )	