



Are you a returning volunteer \_\_\_\_\_  
(AFOLS Use Only) Group \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

By providing your email address, you consent to receiving ongoing communication from AFOLS.  
You may opt out at any time.

**Emergency Contact – Required to Participate**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Available Positions – Check all that apply or leave blank if no preference

Concession Sales

Set Up / Take Down

Donations/Mascots

Train Driver

Fire Pits

Train Station Sales

Santa’s Gift Shop Sales

Train Ticket Taker

**Please answer the following questions;**

Any concerns that would prevent you from taking an outside position?

Any special skills or training?

Do you have a valid driver’s license?

Are you fluent in another language? Please list: \_\_\_\_\_

**If this is your first-time volunteering with AFOLS – Please provide one reference not related to you**  
**If you are with an AFOLS registered group – Please list your group’s main contact person’s name only**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time: \_\_\_\_\_



### Required Every Year – Authorization and Consent for ALL Volunteers

**I understand the need for the Airdrie Festival of Lights Society (AFOLS) to carefully screen all volunteer applicants including board members.**

- I have completed and reviewed this entire form, and attest that the information I have provided is true.
- I agree and acknowledge that the AFOLS will contact my reference to verify the accuracy of all the information I have provided.
- I understand that a condition of acceptance for certain volunteer roles with AFOLS is that I complete an RCMP Criminal Record and Vulnerable Sector check.
- I understand that any false information I have given, or any incident recorded on my RCMP Vulnerable Sector AND/OR Criminal Record check may result in my being rejected for any volunteer role with the AFOLS.
- I understand that the AFOLS has the right to deny any individual as a volunteer for the AFOLS, for any reason, and reserves the right to have a Criminal Record and/or Vulnerable Sector check conducted at any time during a volunteer's service with AFOLS.

**Initial:** \_\_\_\_\_

#### Photo Release

- In consideration of the acceptance of my application to participate as a volunteer for AFOLS, I authorize and give full permission for the use of my name and photograph, still or video in connection with my volunteer activities.
- I consent to the use of such material or its reproduction in any manner and by any medium which the AFOLS deems appropriate.

**Initial:** \_\_\_\_\_

#### Statement of Confidentiality

- Volunteers will agree to keep all matters relating to the work of AFOLS completely confidential, and will not disclose or use such information without the consent of the President or Coordinator.
- I do willingly promise to abide by the policies of the AFOLS Volunteer Program, and to hold in confidence all matters that come to my attention in the line of duty at AFOLS, including information from and about other volunteers.
- I will respect the privacy of the people whom I serve and discuss any problems I have with my commitment appropriately with those designated as my superiors.

**Initial:** \_\_\_\_\_

**I have read this authorization and consent document fully, and understand its contents**

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent/Guardian's Signature if Applicant is Under 18 Years of Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_