



BLUEBERRY BLAST VOLUNTEER FORM

Name: _____ Age: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Signature of Parent/Guardian if under 16: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Have you volunteered with us before? yes no

If yes, on what crew: _____

What special skills can you bring to the festival? _____

Do you have any medical or physical restrictions? yes no

If yes, please list these medical or physical restrictions: _____

Please choose your crew preference:

Attendance Booth Events Supervision Setup Cleanup Cooking Serving

Groundskeeping Selling/cash Wherever needed

What days will you be available: Fri Aug 1 Sat Aug 2 Sun Aug 3

What is your preference for shifts (time and length, minimum of 2 hours): _____

Submit to: Nipigon Blueberry Blast Festival
PO Box 218, Nipigon, Ontario P0T 2J0