

Medicine Hat Exhibition & Stampede Volunteer Application Form

PERSONAL INFORMATION:

Name: _____
 Address: _____

 Postal Code: _____
 Business Phone: _____
 Home Phone: _____
 Availability: _____
 Interests: _____

FOR OFFICE USE ONLY

Chairperson's Approval and/or Comments:

Chairperson's Signature: _____

Date: _____

BACKGROUND INFORMATION:

How long have you been a Resident in Medicine Hat? _____

In which other volunteer organizations (if any) are you or have you been involved? _____

OR....

Please itemize specific areas of interest and/or expertise you have: _____

Which Stampede Activities interest you most: (Check all that interest you)

Spring Rodeo <input type="checkbox"/>	Summer Rodeo <input type="checkbox"/>	Night Show <input type="checkbox"/>	50/50 <input type="checkbox"/>
Social <input type="checkbox"/>	Horse Show <input type="checkbox"/>	Casino <input type="checkbox"/>	Pen Show <input type="checkbox"/>
Art/Crafts <input type="checkbox"/>	Chuckwagons <input type="checkbox"/>	Parade <input type="checkbox"/>	Queen <input type="checkbox"/>
History <input type="checkbox"/>	List any other activities: _____		

List names of acquaintances now working as Stampede Volunteers: _____

Signature: _____

Date: _____