



SPECIAL EVENT VOLUNTEER REGISTRATION FORM

Miss Ms.
Mrs. Mr.

Name _____ First _____ Middle Initial _____ Last _____

Address:

City _____ Postal Code _____

Phone Number: _____ Email: _____

Medical/Physical Limitations:

Emergency Contact: _____ **Phone:** _____

Areas of Interest:

Hangar Dance (Date TBA)

- Set Up Vehicle/Crowd Control Ticket Sales Bar Services
 Take Down Silent Auction Other: _____

Airport Day (Date TBA)

- Set Up Vehicle/Crowd Control Air Show Beer Garden
 Take Down Kiddie Squadron Ride Sales Booth VIP Tent
 Wings & Wheels Poster Distribution Other: _____

Availability Limitations:

Previous Volunteer Experience:

Are you willing to have a criminal record check? Yes No

Signature: _____

Thank you for your interest in volunteering!

Please mail/drop off your completed form to 100-11465 Baynes Road, Pitt Meadows BC, V3Y 2B4
Forms can also be submitted via fax to 604-465-4512,
or via email to abyrne@pittmeadowsairport.com