

Volunteer Registration

Thank you for your interest in volunteering		
for DanceSport Alberta events! Please read	Applicant (along what death)	
and complete this form carefully, sign it and	Applicant (please print clearly)	
return it to:	First Name:	Surname:
Volunteer Coordinator volunteercoordinator@dancesportalberta.org	Cell Phone:	Alternate phone:
	Email Address:	
·	Mailing Address:	
 You must sign the waiver to serve as a DanceSport Alberta event 		
volunteer.		
• If you are selected for the volunteer		
team at an event you will be		
contacted and a schedule will be sent		
 to you. Our events are public and as such media is allowed on the premises of 	How to Contact me	
	I prefer to be contacted at:	
our competitions. It is your personal	Cell phone	Alternate Phone
responsibility to give permission to a representative of media		
(photographer, cameraman or	E-mail	
reporter) for the specific free use of		
 your name and picture. DanceSport Alberta is not responsible for pictures taken by the media or the public in which you may appear. Some events have a minimum age requirement to volunteer. 	Soloct times (at a state	
	Select times (check all that apply)	
	I can help at events at the following times (please indicate all that apply):	
	8:00 a.m. – 12:00 p.m.	
	12:00 p.m. – 4:00 p.m.	
	4:00 p.m. – 8:00 p.m.	
	8:00 p.m. – 12:00 a.m.	
	I am available for longer shifts	
	*Note: Volunteers are expected to stay for complete shifts. Shift times are intended as guidelines only and will vary depending on the position. A dress code applies to most positions and shifts.	

Volunteer Positions		
I am interested in volunteering in the following positi	ons (number your top three choices, #1 being your preferred position)	
Set Up Crew	Event Coordinator Registrar	
Take Down Crew	Floor Manager	
Competitor Registration	Floor Assistant	
Tickets	Awards Coordinator	
Security	Awards Assistant	
Costume Check	Marshalling	
Concession	Costume Sales	
*Best efforts will be made to assign you to your prefe	rred position(s). If you are required in an alternate role, you will be contacted.	

Additional Questions

Tell us about your previous volunteer experiences. What skills/qualifications can you bring to the competition?

Waiver & Liability

By signing this wavier I release DSAB and its respective agents, representatives, successor and assigns from all actions, claims or demands by me in connection with DSAB or my participation as a volunteer at a DSAB competition, including any claims in respect of injury suffered by me or any loss or damage to my personal property. I also confirm that I understand this waiver and agree to be bound by it and am fully able and capable of volunteering to assist at a DSAB competition.

DSAB is not responsible for media free use of your name and picture in broadcast, telecast, marketing or written account of a DanceSport competition DSAB is not responsible for photos taken by the public in which you may appear.

____ I certify that I am 18 years of age or older, (Volunteers under 18 years of age MUST have this release signed by a parent or legal guardian)

_ age <u>if under 18 years</u>

Name: :

Signature (or legal guardian):

Date::