

## David Foster Volunteer Application

Thank you for your interest in volunteering for the David Foster Foundation 25<sup>th</sup> Anniversary Miracle Concert Weekend: May 25-27, 2012. In order to determine the best use of your skills, please complete the following questionnaire and return it to the Foundation office:

212 Henry Street, Victoria BC, V9A 3H9  
Or fax us at 250-475-1193.

If you have questions, please call the Foundation office at 250-475-1223 or 1-877-777-7675.  
[www.davidfosterfoundation.com](http://www.davidfosterfoundation.com)

Name: \_\_\_\_\_  
(First name) (Last name)

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

### In the event of an emergency, the DFF office administrator should notify:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Work Experience:

If retired, please indicate and list last employer plus positions and duties held.

Employed \_\_\_\_\_ Retired \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time with Employer: \_\_\_\_\_

**What are your special interests or skills?** Briefly describe the skills or abilities you have which you feel would benefit the foundation during this event.

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**Please indicate which position or positions you would be interested in and why.**

ie: experience, special skills

Set up / Tear Down: \_\_\_\_\_

Decor: \_\_\_\_\_

Hospitality: \_\_\_\_\_

Usher: \_\_\_\_\_

Auction: \_\_\_\_\_

RadioThon: \_\_\_\_\_

Door Security: \_\_\_\_\_

Other: \_\_\_\_\_

**Please let us know your availability on the following dates.**

Thursday May 24 \_\_\_\_\_ to \_\_\_\_\_ am, \_\_\_\_\_ to \_\_\_\_\_ pm

Friday May 25 \_\_\_\_\_ to \_\_\_\_\_ am, \_\_\_\_\_ to \_\_\_\_\_ pm

Saturday May 26 \_\_\_\_\_ to \_\_\_\_\_ am, \_\_\_\_\_ to \_\_\_\_\_ pm

Sunday May 27 \_\_\_\_\_ to \_\_\_\_\_ am, \_\_\_\_\_ to \_\_\_\_\_ pm

**Please provide two references.**

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

**Do you have a valid driver's license?** \_\_\_\_\_

**What is your t-shirt size?** \_\_\_\_\_

**Please outline in detail any previous volunteer or non-profit experience you may have.**

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**Please list any physical limitations, allergies, or special needs you have:**

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**Signature:** \_\_\_\_\_

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

**A member of the volunteer committee will be in touch with you closer to the event when volunteer numbers and duties are confirmed.**