



Treaty 7 Commemoration 2002

VOLUNTEER APPLICATION



NAME:	
ADDRESS:	
HOME PHONE:	BIRTHDATE:
OCCUPATION:	
WORK PHONE:	FAX:
EMAIL ADDRESS:	
EMERGENCY CONTACT:	
Name:	Phone:

Why would you like to volunteer with the Treaty 7 Commemoration? <hr/> <hr/>
Skills you would like to share: (Please be specific) <hr/> <hr/>

Please indicate 3 areas of interest and assign a number 1, 2 & 3 in order of preference:	
<input type="checkbox"/> Volunteer Supervisor <input type="checkbox"/> Set-up: equipment, teepees, etc. <input type="checkbox"/> Clean up crew <input type="checkbox"/> Maintenance of facilities <input type="checkbox"/> Parking <input type="checkbox"/> Media <input type="checkbox"/> Arts & Craft Booths <input type="checkbox"/> Food Concessions <input type="checkbox"/> Workshops: registration, etc. <input type="checkbox"/> Archery Activity <input type="checkbox"/> Horseshoe Throwing <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Foot Races	<input type="checkbox"/> Re-enactment <input type="checkbox"/> Elder Helper <input type="checkbox"/> Entertainment <input type="checkbox"/> Pow-wow Arbour <input type="checkbox"/> Traditional Feast <input type="checkbox"/> Transportation - drivers <input type="checkbox"/> Medical Services <input type="checkbox"/> Tour Guide <input type="checkbox"/> Handgames <input type="checkbox"/> Beading demonstration <input type="checkbox"/> Tanning hides demonstration <input type="checkbox"/> Arts & Craft for children <input type="checkbox"/> Slo-Pitch Ball Tournament

Do you require any training in your area of volunteer interest? Yes No

If yes, what type of training do you need?

WHEN ARE YOU AVAILABLE?	PLEASE CHECK <input checked="" type="checkbox"/>		
	Morning	Afternoon	Evening
Monday, September 16, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, September 17, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday, September 18, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, September 19, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, September 20, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, September 21, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday, September 22, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The information on this application form is for Treaty 7 Commemoration use only; all personal information will be kept confidential.

Submit this application form to:

Treaty 7 Commemoration 2002

P.O. Box 1730
Siksika, Alberta
TOJ 3W0

Phone: (403) 734-5315 Fax: (403) 734-5387

For more information contact:

Doug Bear Hat • Coordinator
Dyan Breaker • Project Assistant

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE CONTACTED: _____

NOTES:
