

Please complete this form and submit it to our office.

## **VOLUNTEER GROUP APPLICATION**

## DAUPHIN'S COUNTRYFEST June 29 – July 2, 2017

Dauphin's Countryfest supports groups and organizations through the Volunteer Incentive Program by providing fundraising initiatives in the form of working at the festival in exchange for a monetary donation. Each group selected to provide a service for Countryfest is rewarded according to the job performed. Each group or organization is required to have one point of contact for Countryfest. This point of contact will be responsible for organizing the group's volunteers and shifts. Applications are reviewed on an as-needed basis. All successful organizations will be contacted.

BY MAIL: BY EMAIL: 204.622.3711 **Dauphin's Countryfest** brenda@countryfest.ca 28 - 2nd Avenue, NE Dauphin, MB R7N 0Z4 NAME OF GROUP\_\_\_\_\_ ADDRESS CITY/TOWN PROV POSTAL CODE PHONE (\_\_\_\_\_) \_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_ EMAIL\_\_\_\_\_ WEBSITE\_\_\_\_\_ CONTACT NAME POSITION WITH ORGANIZATION PHONE (\_\_\_\_\_) \_\_\_\_ CELL (\_\_\_\_) \_\_\_\_ EMAIL MANDATE OF ORGANIZATION: WHY DOES YOUR GROUP WANT TO PARTICIPATE WITH COUNTRYFEST?

Groups and organizations work in several aspects prior to, during and after the festival, such as gates, beverage services, ice sales, shower sales, garbage & recycling processes, bag stuffing, etc. Each position involves different shifts and duties and requires different quantities of workers. Fundraising opportunities become available as needed.

ARE WORKERS IN YOUR GR	OUP ABLE TO V	WORK IN A LIC	CENSED AF	REA?	
PLEASE IDENTIFY THE DATE	S AND TIMES Y	OUR GROUP	IS AVAILA	BLE TO WORK:	
PRIOR TO FESTIVAL WEDNESDAY, JUNE 28 THURSDAY, JUNE 29 FRIDAY, JUNE 30 SATURDAY, JULY 1 SUNDAY, JULY 2 MONDAY, JULY 3 AFTER THE FESTIVAL	YES / NO YES / NO YES / NO YES / NO YES / NO	TIMES AVA TIMES AVA TIMES AVA TIMES AVA	AILABLE AILABLE ILABLE AILABLE 'AII ABI F		
OR: IS YOUR ORGANIZATIO	N AVAILABLE T	O WORK ALL	SHIFTS?		_
HOW MANY PEOPLE FROM Y	OUR ORGANIZ	ATION ARE A	VAILABLE	TO WORK?	
MINIMUM PER SHIFT_		MAXIMUN	M PER SHIF	=T	
ADDITIONAL COMMENTS					
PLEASE INDICATE THE FOLL CHEQUE PAYABLE TO:					
ADDRESS:					
CITY/TOWN		PROV		POSTAL CODE	
DATE					
AUTHORIZED SIGNATURE FO	OR GROUP				
PLEASE PRINT NAME					