



VOLUNTEER GROUP APPLICATION

DAUPHIN'S COUNTRYFEST
June 28 – July 1, 2018

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.

Please complete this form and submit it to our office.

BY MAIL:

BY FAX:

BY EMAIL:

**Dauphin's Countryfest
28 - 2nd Avenue, NE
Dauphin, MB R7N 0Z4**

204.622.3711

brenda@countryfest.ca

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 GROUP ABLE TO WORK IN A LICENSED AREA? _____

PLEASE IDENTIFY THE DATES AND TIMES YOUR GROUP IS AVAILABLE TO WORK:

PRIOR TO FESTIVAL	YES / NO	TIMES AVAILABLE _____
WEDNESDAY, JUNE 27	YES / NO	TIMES AVAILABLE _____
THURSDAY, JUNE 28	YES / NO	TIMES AVAILABLE _____
FRIDAY, JUNE 29	YES / NO	TIMES AVAILABLE _____
SATURDAY, JUNE 30	YES / NO	TIMES AVAILABLE _____
SUNDAY, JULY 1	YES / NO	TIMES AVAILABLE _____
MONDAY, JULY 2	YES / NO	TIMES AVAILABLE _____
AFTER THE FESTIVAL	YES / NO	TIMES AVAILABLE _____

OR: IS YOUR ORGANIZATION AVAILABLE TO WORK ALL SHIFTS? _____

HOW MANY PEOPLE FROM YOUR ORGANIZATION ARE AVAILABLE TO WORK?

MINIMUM PER SHIFT _____ MAXIMUM PER SHIFT _____

ADDITIONAL COMMENTS

PLEASE INDICATE THE FOLLOWING FOR ADMINISTRATION PURPOSES:

CHEQUE PAYABLE TO: _____

ADDRESS: _____

CITY/TOWN _____ PROV _____ POSTAL CODE _____

DATE _____

AUTHORIZED SIGNATURE FOR GROUP _____

PLEASE PRINT NAME _____