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August 17-20, 2017

2017 Volunteer Application Form

Criminal Record Form must be completed by RCMP and handed in at time of application (*There is NO CHARGE for this*)

(Forms can be picked up at the RCMP Office or BCNE Office)

Please Print:

Name: _____ Last Name: _____
 Address: _____ City: _____ Province: _____ PC: _____
 Phone: _____ Cell: _____ Age: _____

The BCNE requires volunteers in a number of different areas; Please indicate (**Three**) areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Home Arts & Horticulture
<input type="checkbox"/> Set Up
<input type="checkbox"/> Tear Down
<input type="checkbox"/> Relief Person (Various Locations)
<input type="checkbox"/> Judging Entries
<input type="checkbox"/> Feeding Volunteers | <input type="checkbox"/> Stetson Stomp (Must be 19+)
<input type="checkbox"/> Saloon (Must be 19+)
<input type="checkbox"/> Livestock
<input type="checkbox"/> Sweeping Grounds
<input type="checkbox"/> Heritage Lane
<input type="checkbox"/> Concession Tables (Tidy Tables) |
|---|--|

Have you volunteered for the BCNE in the past? Yes No

If so, which area(s) did you volunteer? _____

Are you available for set up? Yes No

Ⓢ Set up takes place every day for the week prior to the opening day

What days are you available? _____ Times? _____

Please list any special skills or interests you may have:

Please list any Limitations you may have:

Please indicate the BCNE Chairperson contact you are volunteering for (if any)

Do you have a serving it right?

Yes

No

Upon Request the BCNE will provide a letter indicating hours of volunteer service.

**Powered by volunteers, driven by community
Thank you very much for volunteering your time!!**

Signature of Applicant: _____ **Date:** _____

Printed name of BCNE Representative: _____

Signature of BCNE Representative: _____

Date Signed: _____