



National Heritage Carnival Event



VOLUNTEER APPLICATION - 2017

Contact Information:

Male	Female
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Pers/Co.Name: _____ Surname: _____

Address: _____ Date: _____

Province: _____ Reg/ ID No' _____

City: _____ Code: _____ (Please email Logo/copy)

Home Tel: _____ Cell: _____

Work Tel: _____ E-Mail: _____

Emergency Contact: _____ Tel: _____

AVAILABILITY 16-Sep to 01-Oct-2017

How many days and Hours will you be available?			OFFICE USE ONLY
Days of the Week	M-T-W-T-F-S-S	Times	
to			

Will you erect a display?.....Yes/No. Size.....m

CONTRIBUTION

In which areas are you best suited to contribute? Mark with X

<input type="checkbox"/>	Admin	Experience: _____
<input type="checkbox"/>	Security	Experience: _____
<input type="checkbox"/>	Electrical	Experience: _____
<input type="checkbox"/>	Marshall	Experience: _____
<input type="checkbox"/>	Media	Experience: _____
<input type="checkbox"/>	Marketing	Experience: _____
<input type="checkbox"/>	Handyman	Experience: _____
<input type="checkbox"/>	Other	Field: _____

Elaborate on type of skill to perform.

Signature: _____

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