



## 2010 VOLUNTEER INFORMATION FORM

Please note that a minimum contribution of 12 hours of volunteer service will be required for all volunteers.

Personal Information					
Last Name		First Name		Middle Initial	
Address					
City		Province		Postal Code	
Home phone #	( )	Work phone #	( )	Cell phone #	( )
E-mail address					

### Volunteer Assignments

Please indicate the area(s) in which you would like to volunteer. Every effort will be made to assign volunteers to their area of choice. Our hope is that many volunteers will make themselves available to assist in any area. Areas are listed in order of the most volunteers required, from highest to lowest.

**Please check all that apply:**

- Any area—I will help out wherever I am needed.
- Player Liaison (You will be assigned to a team to escort them and ensure that all of their needs are taken care of)
- Timer (Timing a minimum of one scheduled curling game per day)
- Hospitality (Assisting with hosting and preparation of various events, etc.) *Bartending and waitressing will not be required.*
- Decorations & Signage (Setting up decorations and signage)
- Media & Marketing (Updating curling scores on the internet, taking pictures, writing newsletter stories, etc.)
- Prizes, Apparel, & Merchandising (Organizing and distributing volunteer clothing and competitor clothing and awards, etc.)
- Charity (Selling 50/50 tickets and accepting Canadian Paraplegic Association donations)

### Special Skills or Experience

**Please check all that apply and specify your skill(s) or experience below.**

- |  |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Fluent in French</li> <li><input type="checkbox"/> Fully licensed driver for 6 or more years</li> <li><input type="checkbox"/> Sports-related timing experience</li> <li><input type="checkbox"/> Customer service experience</li> <li><input type="checkbox"/> Food Services industry experience</li> <li><input type="checkbox"/> Professional decorating experience</li> <li><input type="checkbox"/> Signage experience</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Marketing or Communications industry experience</li> <li><input type="checkbox"/> Professional-level photography experience</li> <li><input type="checkbox"/> Professional-level videography experience</li> <li><input type="checkbox"/> Prizes, Apparel, &amp;/or Merchandising experience</li> <li><input type="checkbox"/> Fundraising experience</li> <li><input type="checkbox"/> Other</li> </ul> |
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**Please specify your skill(s) or experience.**

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## Curling Club Affiliation

Are you or have you ever been on a curling team?

Yes

No

Please specify the curling club(s) with which you are currently affiliated (if applicable).

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## Availability

Please indicate the times you will be available to volunteer.

Weekdays **prior** to the event       Mornings       Afternoons       Evenings       All Day       Unavailable

Weekends **prior** to the event       Mornings       Afternoons       Evenings       All Day       Unavailable

Weekdays **during** the event       Mornings       Afternoons       Evenings       All Day       Unavailable

Weekends **during** the event       Mornings       Afternoons       Evenings       All Day       Unavailable

## Comments / Questions / Concerns

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By signing this form, I acknowledge that my image or likeness may be included in a photograph, recording, transmission or other reproduction of this event, and grant The Dominion of Canada General Insurance Company ("The Dominion") the right to use such image and likeness in publicity for this event and other events, programs and services offered by The Dominion, its agents or partners, without further compensation or notice. I hereby release The Dominion from all claims relating to the use of my image and likeness for such purposes, including, without limitation, all claims for invasion of privacy, right of publicity or defamation.

I further acknowledge that I have read and I understand the Privacy Statement of The Dominion Curling Club Championship, which is attached for my convenience and can also be found under Privacy at [www.thedominioncurls.ca](http://www.thedominioncurls.ca). By completing and signing this form, I consent to the collection, disclosure, and use by The Dominion Curling Club Championship of the personal information provided herein, in accordance with the Privacy Statement of The Dominion Curling Club Championship.

\_\_\_\_\_  
Signature (in ink)

\_\_\_\_\_  
Date

Please mail or fax the completed volunteer information form to:

**Kate Arkilander, Volunteer Recruitment & Scheduling**  
**The Dominion Curling Club Championship**  
**c/o The Dominion**  
**165 University Avenue, 5<sup>th</sup> Floor, Toronto, ON, M5H 3B9**  
**Fax: 416-362-1602**

Thank you for volunteering to help! Once you are assigned to a specific area, a member of the Host Committee will contact you to discuss details of scheduling and job function.