

ROTARY CLUB OF NIAGARA FALLS SUNRISE RIBFEST

Volunteer Information Form

Please **print** clearly.

CONTACT INFORMATION

Mr/Mrs/Ms/Miss _____ First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____:

Email: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to You: _____ Home Phone: _____

Work/Cell Phone: _____

About You:

I am a new volunteer to Ribfest Yes No:

I am a member of the Rotary Club of _____

I have volunteered at recent Ribfests: Yes No Doing: _____

I am a student: Yes No (School) _____

Smart Serve Number (If Applicable) : _____

The Rotary Club of Niagara Falls Sunrise and The Niagara Parks Commission will not be held responsible for any accidents or injuries that may occur during Niagara Falls Ribfest.

Signed: _____

Date: _____

*We understand your privacy is important to you. The personal information you provide to us will only be used for the purpose of managing your volunteering with the Niagara Falls Ribfest.

Save file and email to NFRibfestVolunteer@gmail.com Print and bring with you to ribfest