

4635B Queen Street, Niagara Falls ON L2E 2L7 * Tel: 905-358-5552 Fax: 905-358-6033 Email: info@heartniagara.com



Name: _____

Email: _____

Social Media: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____

Please mark the volunteer position(s) of interest and your hours of availability:

- The event sounds exciting where ever you need me
- I am interested in helping with promotion, donation of auction items, ticket sales
- I am interested in data entry and marketing materials
- I would love to be part of the decorating team
- I am interested in working guest check-in February 7th 4:30-8:30
- I am interested in working on the silent auction and raffles February 7th 4:30-10:00
- I am interested in working on the cash receipts desk February 7th 5:00-10:00

_____ I require a letter stating my volunteer hours with Heart Niagara

Event Waiver

I hereby signify that I understand that Heart Niagara, the cities where I participate and all other organizations and persons connected with Heart Niagara events, are not responsible for any injuries which I may suffer while taking part in this event or as a result thereof. In this connection, I hereby waive any claim for damages or property. I allow photographs, interview or video to be taken of me for the purpose of publication and/or broadcast of these events.

Name (print): _____

Signature: _____

Signature of Parent if volunteer is under 18: _____