



## Healthy Living Expo 2014 Volunteer Registration Form

Name of Volunteer: (Mr./Mrs./Ms./Miss) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Company/Organization/School: \_\_\_\_\_

Position at Company/Organization or Grade at School: \_\_\_\_\_

Referred by: \_\_\_\_\_ Previous Volunteer Experience: \_\_\_\_\_

Please indicate your availability on **Friday, June 13, 2014:** 3:00 pm - \_\_\_\_\_  PM

Please indicate your availability on **Saturday, June 14, 2014:**  Full Day  AM  PM

Please indicate your choice of volunteer positions and **all** your available times (subject to availability):

Preparation Work (Fri. AM / PM) \_\_\_\_\_

Booth Coordinator (Sat AM / PM) \_\_\_\_\_

Set-up Team (Fri. PM / Sat AM) \_\_\_\_\_

Seminar Coordinator (Sat AM / PM) \_\_\_\_\_

Booth Set Up (Sat. 8 -10 AM) \_\_\_\_\_

Program Assistant (Sat AM / PM) \_\_\_\_\_

CPB Booth (Sat AM / PM) \_\_\_\_\_

Take-down Team (Sat 6 – 9 PM) \_\_\_\_\_

I agree to perform any volunteer duties that CPB may assign to me.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\*\*\*\*\* Please email or fax this Registration Form to CPB Office at [cpb@cpbmississauga.com](mailto:cpb@cpbmississauga.com) or 905-828-6100 \*\*\*\*\*