



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 or 905-828-6100 *****