

Volunteer Application Form - August 23 & 24, 2024

First Name:								
Last Name:								
Address:								
City:								
Province:								
Postal Code:								
Country:								
Email Address:								
Confirm Email:								
Phone Number (Ce	ell):							
Mississauga Italfes Youth (14 –	st™ has a license · 18 years old)		se specify whic	h age category	you fall under?			
Do you have Smart	Serve? Yes	No						
If yes, please provide your Smart Serve Certificate #:								
Have you ever bee	n convicted of a	criminal offence	e for which a pa	rdon has been (granted?			
Yes	No							
What is your availa	bility during the	event? (Please o	check all that a	pply)				
Friday August 23, 2 8 am – 12 pm	2024 12 – 4 pm	1 – 5 pm	4 – 8 pm	5 – 9 pm	8 pm – 12 am			
Saturday August 2 8 am – 12 pm	4, 2024 12 – 4 pm	1 – 5 pm	4 – 8 pm	5 – 9 pm	8 pm – 12 am			

T-Shirt Size:								
XS	S	М	L	XL	XXL			
Have you volunteered for Mississauga Italfest before? Yes No								
Do you have a	ccess to a vehi	cle? Yes	No					
Do you have a	valid driver's li	cense? Yes	No					
How many lbs. are you able to lift/carry?								
Up to 20 lbs.	30-50	lbs.	50 lbs. or mo	re				
Do you have any conditions or limitations that may required modified volunteer work? If so, please let us know in the space provided below.								
Are you volunteering with a family member or a friend? List names.								
Additional comments:								
If under 19 years old, my parents provide permission for me to volunteer with Mississauga Italfest during the specified dates and times.								
Yes	No							
Parent/Guardian Signature:								
I agree that all the information stated above is true to the best of my knowledge and I release to Mississauga ITALFEST any required information in respect of this application.								
Volunteer Signature:								

Please note other availability not listed above: