

Fruit Loopz Youth Stage 2010: Submission Form for Volunteers

Please print out this page and fill it out-then, along with any other supporting material, send it to or drop it off at:

**SOY, Sherbourne Health Centre
333 Sherbourne Street
Toronto, ON M5A 2S5**

If you have any questions, contact Bernice at bchau@sherbourne.on.ca or **416-324-4100 x5312**

Fruit Loopz actively encourages submissions from trans youth, racialized youth, and youth from outside Toronto.

NAME:

AGE:

HAVE YOU VOLUNTEERED/PERFORMED AT FRUITLOOPZ BEFORE?

WHICH YEARS DID YOU VOLUNTEER/PERFORM?

PHONE: _____ **E-MAIL:** _____

SUBMISSIONS ARE DUE BACK BY MAIL OR EMAIL BY FRIDAY, APRIL 9th, 2010

What interests you about volunteering with Fruit Loopz?

What are you most interested in doing in your time with Fruit Loopz?

What are you not interested in doing in your time with Fruit Loopz? (“Don’t ever ask me to...”)

What skills, knowledge or experiences do you have that might be useful?

Is there anything we can do to make your experience with Fruit Loopz more accessible?

**What particular aspects would you be interested in helping with and learning more about?
(please check all that apply)**

- Community relations/outreach Set-up/take-down Stage management
 Marketing/promotions Graphic design Decorations
 Photography/video Event management Volunteer support
 Other (please specify): _____

When are you available to volunteer on July 3, 2010? (please check all that apply)

- Morning (9 am – 12 pm) Early afternoon(12 pm – 3 pm)
 Late afternoon(4 pm – 7 pm) Evening (7 pm – 10 pm)

Waiver:

Do you give Fruit Loopz permission to print or advertise your name? Yes | No

Do you give Fruit Loopz permission to use photos or images of you for publicity purposes? Yes | No

Name (please print):

Phone number (where we can reach you during the day):

Signature:

Date: