



KAMLOOPA POWWOW SOCIETY

#331-345 Chief Alex Thomas Way

Kamloops, BC V2H 1H1

Phone: (250) 828-9738 Fax: (250) 372-8833

GATES/PARKING

Application for Volunteers

DATE: _____

AGE: _____

LAST NAME: _____

FIRST NAME: _____

PHONE: _____

MESSAGE: _____

PLEASE LIST TWO RELEVANT WORK EXPERIENCES THAT PERTAIN TO THIS VOLUNTEER POSITION:

1. EMPLOYER: _____ DATE EMPLOYED: _____

MAILING ADDRESS: _____

DUTIES: _____

2. EMPLOYER: _____ DATE EMPLOYED: _____

MAILING ADDRESS: _____

DUTIES: _____

PLEASE LIST YOUR EXPERIENCE WORKING WITH THE POWWOW:

1. NAME OF POSITION: _____

DATES WITH POWWOW: _____

DUTIES: _____

2. NAME OF POSITION: _____

DATES WITH POWWOW: _____

DUTIES: _____

PLEASE LIST: Any other experience, skills, or qualifications which you feel are suitable for work with the Kamloopa Powwow?
