



Volunteer Application

DATE _____

Canada's Baking and Sweets Show - Contact Information

Alana Naccarato

Email: bakingshowvolunteers@gmail.com

Personal Please print clearly

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: (_____) _____ - _____ MOBILE: (_____) _____ - _____

EMAIL: _____

How did you find out about Canada's Baking and Sweets Show? Check box.

WEBSITE FACEBOOK TWITTER LINKEDIN FRIEND OTHER: _____

Experience/Skills

1) Worked at a consumer / trade show? (Y/N) _____ Which one? _____

2) Working in a baking or sweets type of business? (Y/N) _____ Which one? _____

3) Attending a culinary school? (Y/N) _____ Which one? _____

4) Which skills would you consider to be your greatest contribution to a baking and sweets show?

Availability <small>* When choosing days indicate a first (1) and a second (2) choice.</small>	Extra Day(s) Date and time TBD	
	Friday 10:00am - 9:00pm	
	Saturday 9:00am - 6:00pm	
	Sunday 9:00am - 6:00pm	

Do you wish to match shifts with someone? Indicate their name _____

Signature _____