



VOLUNTEER APPLICATION FORM

Fill out the form below so we can get to know you better!

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

EMERGENCY CONTACT

Full Name: _____

Relationship: _____

Phone Number: _____

VOLUNTEER MOTIVATION

Are you a helicopter pilot/AME or currently training to become one? Yes No

If yes, which school are you affiliated with? _____

What interests you about volunteering at the HAC Conference?

PREFERRED SCHEDULE/AVAILABILITY Please note that times may be subject to change*

Everyday (Tues-Thurs)

Morning Only (7am - Noon)

Afternoon/Evening Only

Flexible

Please note that submission of this form does not guarantee a volunteer position; it is an application to be considered. Completed forms should be sent to chanel.barnes@h-a-c.ca.

As this event brings together key decision-makers in the helicopter industry, we take the volunteer selection process seriously and carefully review all applications.

AGREEMENT

I understand that, as a volunteer, I will not receive monetary compensation for my services and that volunteering requires a commitment of time and effort. I agree to follow the organization's policies and respect the values of the community I serve.

Date: / /

Signature: _____