



Verona Community Association
P.O. Box 219 | Verona, ON | K0H 2W0
www.veronacarshow.com
veronacarshow@gmail.com



Student Volunteer Application Form

First & Last Name: _____

Address: _____

Phone Number/ Email: _____

School & Grade: _____

This information will be used to include you under our insurance policy. Your email and phone number will only be used for Car Show business. Please indicate below if you wish to receive occasional general information emails from the Verona Community Association.

- Yes, the Verona Community Association can send me the occasional email for community related purposes (Verona happenings & volunteer opportunities).
- No, please do not send me any community information or volunteer opportunities through email.

Please indicate in which areas you would like to volunteer (select all that apply):

- Promotions (Advertising, Sponsorship, Photography etc.)
- Logistics (Setup, Spectator Parking, Take down etc.)
- Food & Beverage (Canteen & Drinks/Snacks)
- Registration (Car Show Entrants)
- Show Car Parking
- Kids Zone
- Waste Management (Recycling)
- Other (Please specify): _____

Preferred hours (between 7am-5pm on day of car show): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

For additional information contact Tabitha Morton 613-929-5569