



## PAVILION VOLUNTEERS

NAME: \_\_\_\_\_ Pavilion: \_\_\_\_\_  
Applicant/Volunteer

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**Post Secondary Institution** you will be attending FULL TIME on or before December 31, 2014:

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### --- CERTIFICATION---

I, \_\_\_\_\_ the Supervisor for the  
(Pavilion Name) \_\_\_\_\_ do hereby certify that  
\_\_\_\_\_ has worked as a volunteer for  
a minimum of five (5) hours for our Pavilion at the 2014 Servus Heritage Festival.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Volunteer