



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, 2015:

--- CERTIFICATION---

I, _____ the Supervisor for the
(Pavilion name) _____ do hereby certify that
_____ has worked as a volunteer for
a minimum of 5 (five) hours for our Pavilion at the 2015 Heritage Festival

Signature of Supervisor

Signature of Volunteer