

# VOLUNTEER SIGN-UP SHEET

Anime North – May 26-28, 2023



## CONTACT INFORMATION

Surname / Family Name:

First / Given Name:

Address:

Email:

Phone:

## VOLUNTEER PLACEMENT INFORMATION

Have you volunteered for conventions before? ☐ YES ☐ NO

If "yes", when, where,  
and in what capacity?

What skills do  
you possess?

☐ First Aid ☐ CPR ☐ Audio/Visual ☐ Food Service

☐ Another Language ☐ Other:

Are you carrying a cell phone that we can use to contact you? ☐ YES ☐ NO

If yes, what is the number?

## PERSONAL INFORMATION

Age:

Sex:

☐ M

☐ F

Are there any medical conditions or personal considerations that we should be aware of?  
Please specify:

Who should we contact in case of an emergency?

Name

Relationship

Address:

Phone:

Other:

(PAGER, WORK, SERVICE)

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I, \_\_\_\_\_ having attained the age of 18 years old, understand that I am  
(PRINT LEGAL NAME)  
that I am wholly responsible for my actions and their consequences. I understand that as a volunteer I am responsible while on duty for representing the convention, and will conduct myself in an appropriate manner while doing so, including abiding by the convention's COVID-19 policies including wearing a mask at all times inside convention space and in designated outdoor areas. I will hold neither Anime North nor any of the facilities at which it is being held responsible or liable for any injury / illness to myself or damage to property while at the convention.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

— OR —

I, \_\_\_\_\_ as the legal parent/guardian of \_\_\_\_\_  
(PRINT NAME OF PARENT OR GUARDIAN) (PRINT LEGAL NAME OF MINOR)  
hereby grant the afore mentioned person my permission to both attend and work as a volunteer at Anime North. I understand that I am wholly responsible for the actions of the afore mentioned person, and the consequences thereof. I will hold neither Anime North nor any of the facilities at which it is being held responsible or liable for any injury / illness to myself or the afore mentioned person damage to property while at the convention.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

**BRING THIS SHEET TO THE CONVENTION - DO NOT MAIL IT**

## PRIVACY STATEMENT

All information collected on this form is available for administrative purposes only.

We will not disclose ANY contents of either your Volunteer Registration Sheet (this form) or your Volunteer Time Sheet, or any part thereof, unless acting under a good faith belief that such action is necessary to:

1. Comply with a court order or other legal process;
2. Protect the rights or property of Anime North;
3. Protect the interests of Anime North's members or the public.

Information entered onto the Volunteer Registration Sheet (this form) and the Volunteer Time Sheet may be used after this event:

1. By the Volunteer Department and the Convention Committee of Anime North to determine possible future placements of volunteers;
2. For the compilation of statistics on the body of volunteers without using information that may identify individual volunteers.