**Volunteer Registration Form for Taste of Africa Northeast Events**

1. **Personal Information**

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Postal/ZIP Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Availability**

Please indicate your availability for the events (check all that apply):

* AFRICAN CARIBBEAN CARNIVAL & MARKET 21st September, 2024
* BLACK HISTORY YOUTH AWARDS 18thOctober, 2024
* TASTE OF AFRICA SHOWCASE 25th October, 2024
1. **Additional Information:**

8. Are you available for training/preparation on the day before the event? (Yes/No)

9. Please indicate from the below options, the roles you would prefer to volunteer for at the events

* Crowd control
* Stage management
* Market stalls management
* Information/enquiry booth
* Display & sales of merchandise
* Setup & Clean up of venue
* Registration Desk
* Way finding & ushering support
* Content creation
* Backstage operations
* Ticket sales

10. Have you volunteered at similar events before? If yes, please provide details.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

11. Please specify your availability hours for the event.

* 9:00am-12:00pm
* 12:00pm-3:00pm
* 3:00pm-6:00pm

12. How did you hear about this volunteer opportunity?

1. **Agreement:**

By submitting this form, I confirm that all information provided is accurate, and I agree to abide by the rules and regulations set forth by the organisers of the Taste of Africa Northeast Event. I understand that volunteering at this event is voluntary and unpaid.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_