



Volunteer Registration Sheet

Date: _____

Name: _____

Badge Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

Date of Birth: ____/____/____

Are you CPR certified? Y / N expires ____/____/____

Are you First Aid certified? Y / N expires ____/____/____

Requested Department: _____

Director's Signature: _____

Printed Name: _____

If you have worked Dragon*Con before, in what department(s) / Last year worked?

Note: Admissions to any department will require that the Director of said department sign and print their name on this form. All areas of this form must be filled out to properly list you at the convention. Incomplete forms will be discarded. NO personal information will be disclosed without the volunteer's prior consent. **There is a one-time new staff registration fee of \$20.**

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____

Special Medical Needs: _____

FOR OFFICE USE ONLY