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| --- | --- |
| Volunteer Application Please fill out this form and email it to your casino coordinator below. |  |

## Your Casino Coordinator Information

|  |  |
| --- | --- |
| Coordinator Name | Michel Oltuszyk |
| Work Phone | (780) 482-6692 |
| E-Mail Address | [Accounting@cmha.ab.ca](mailto:Accounting@cmha.ab.ca) |
| Organization | Canadian Mental Health Association, Alberta Division |
| Casino Dates | March 06 and 07, 2018 |

## Your Contact Information

|  |  |  |
| --- | --- | --- |
| Name (full name) |  | |
| Street Address |  | |
| City, Province |  | Postal Code: |
| Home Phone |  | |
| Cell Phone |  | |
| E-Mail Address |  | |

## Please indicate your shift preference time

|  |  |  |
| --- | --- | --- |
| **Date** | **March 06**  **TUESDAY** | **March 07**  **WEDNESDAY** |
| **Day of the week** |
|  | **First day** | **Second day** |
| 9:00am to 7:00pm [ General Managers, and Bankers Only] |  |  |
| 6:15pm to 4:00am [General Managers, and Bankers only] (Later on day two) |  |  |
| 11:30am to 7:15pm [Chip Runner and cashier] |  |  |
| 9:30am to 7:15pm [Cashiers and Chip Runners] |  |  |
| 6:30pm to 3:15am [Cashiers and Chip Runners] |  |  |
| 10:30pm to 3:30am [Count Room Supervisor] |  |  |
| 10:30pm to 3:30am [Count Room Workers] |  |  |

## Please indicate your shift position time

|  |  |  |
| --- | --- | --- |
| **Preference** | **Past experience** | **Position** |
|  |  | General Manager (Admin, helping banker, cashiers) |
|  |  | Banker (Helping cashiers, chip filling, computer, Gen Mgr provides breaks) |
|  |  | Cashier (Cashes out the players’ chips, makes change, does not sell chips. Always supervised and monitored) |
|  |  | Chip Runner (Carry chips to games) |
|  |  | Count Room Supervisor (Admin, computer) |
|  |  | Count Room Workers (Sort money, run money, counters, computer) |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us. Please submit this form to Michel Oltuszyk [accounting@cmha.ab.ca](mailto:accounting@cmha.ab.ca)

**Questions?**  
Contact Michel Oltuszyk

Direct: (780) 482-6692

Email: [accounting@cmha.ab.ca](mailto:accounting@cmha.ab.ca)