



World Eskimo-Indian Olympics
**Volunteer
Application**

July 16-19, 2025

Carlson Center
2010 2nd Ave.
Fairbanks, Alaska

**** REGISTRATON CAN BE SUBMITTED BY FAX OR EMAIL: 907-456-2422 / admin@weio.org "Volunteer" in subject line****

Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

If applicable: Tribal Affiliation: _____ Regional Corporation: _____

Is this your first time at WEIO? ☐ YES ☐ NO If not, number of years you have participated in at WEIO? _____

Availability

During which days and hours are you available for volunteer assignments?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Tuesday (set up) |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Thursday |
| | <input type="checkbox"/> Friday |
| | <input type="checkbox"/> Saturday |
| | <input type="checkbox"/> Sunday (take down) |

Interests

What areas are you interested in volunteering?

- | | |
|--|---|
| <input type="checkbox"/> 50/50 and raffles | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Ticket sales |
| <input type="checkbox"/> Elder lounge | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Event security | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Event set up/take down | <input type="checkbox"/> WEIO Store |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fundraising/grant writing | |

Skills and Qualifications

Summarize your skills and qualifications from employment, volunteer work, or other activities, like hobbies and sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Emergency Contact Information

Name: _____ Relationship: _____

Phone number: _____ Email: _____

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.

Signature

Date

WEIO Policy

WEIO is a drug, tobacco and alcohol-free event. We ask our volunteers to abide by this policy while on our premises or at our events. In compliance with the Indian Child Welfare Act, all volunteers are subject to a background check.

Thank you for completing this application form and for your interest in volunteering with us.

P.O. Box 72433, Fairbanks, AK 99707-2433
907.452.6646 | admin@weio.org | www.weio.org