



## 2012 Stylist Application

We thank all those interested, but only those selected will be contacted.  
Please note that application does not guarantee placement  
with the event, as space is limited.

### Your information:

I currently work with (Salon name):	I am a student with (School name):
Last name	First name
Phone number	Email address

### In case of emergency:

Contact name	Relationship to you
Phone number	Alternate phone number

### About you:

I am: <input type="checkbox"/> New <input type="checkbox"/> Returning	If you are returning, indicate in what area(s) you have worked for Hair Massacure previously:
If you are <b>new</b> , do you know anyone who currently volunteers for Hair Massacure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate their name(s):	
Indicate if you have medical conditions we should be aware of:	
Indicate if you have special skills that may be helpful:	

### New volunteers require 2 references who know your work (not family)

Contact name	Relationship to you
Phone number	Alternate phone number

Contact name	Relationship to you
Phone number	Alternate phone number

*Application continues on next page...*

## Volunteer rights and responsibilities:

### I agree...

- ◆ to fulfill my time and duty commitments;
- ◆ to attend meetings as required;
- ◆ to perform my duties in a safe manner;
- ◆ to represent Hair Massacure in a friendly, enthusiastic, and courteous manner;
- ◆ to allow Hair Massacure and related parties to use photo or video footage involving my participation in this event for promotional purposes.

### I have the right to expect...

- ◆ to be treated fairly;
- ◆ to be properly informed of my duties and expectations;
- ◆ to be recognized for my contribution;
- ◆ to be treated with respect.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

Office use:

Date received	References checked <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NS	