

Join the Classic Theatre Team!

Your application will be kept on file until the next Season

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Birthday (month and day): _____

Skills and Interest

1. Educational Background: _____

2. Current Occupation: _____

3. Hobbies, skills, interests: _____

4. Previous volunteer experience: _____

5. What languages do you speak? _____

Why do you want to volunteer at the Classic Theatre?

How did you learn about our volunteer program?

Preferences in Volunteering (check as many as apply)

Front of House Technician Performer

Administration Security Loader

Maintenance Fundraising

Have you had any experience related to these areas? Please describe:

Willing to volunteer for:

The entire season (September-April) The entire year other

Are you willing to volunteer for on-call events as they arise: Yes No

These events are events that are booked in addition to the annual series and annual shows. They may require volunteers at short notice (within the week or day). Please let us know if you are willing to be contacted for such opportunities.

Availability (check times that you are normally available):

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Emergency Contact Information

Contact Name: _____ Phone: _____

Next of Kin: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Oath of Confidentiality

I, _____, as a volunteer at The Classic Theatre, do pledge that I will perform to the best of my ability any task that is given to me, to be punctual and conscientious in the fulfillment of my duties and to consider confidential all information which I may hear or learn of through my duties concerning members, sponsors, partners, financial information etc. with the Theatre.

Signature

Witness

Date