

Volunteer Application Form

Name	
Address	
Home Phone	
Work/Cell Phone	
Email	
Age if under 18	
Have you ever	volunteered before? Tell us about it. Attach additional sheets if necessary.
	r hobbies, interests, or experiences that you feel would be pertinent to you teer with the Confederation Centre. Attach additional sheets if necessary.
What do you co	nsider to be your greatest strengths? Attach additional sheets if necessary.

Please check off all the following areas that you may be interested in.

50/50 Sales	Mailouts	Greeter
Poster Distribution	Newsletter	Help direct people around the Centre and greet patrons as they arrive. Please check the
Special Events	Administration	times that would work best for you.
Cleaning/Organizing	Information Kiosk	Matinee: 1:00-2:00 PM ———
Young Company Show 11:00 AM to 1:30 PM		Evening: 6:30 -7:30 PM
	Volunteer Re	elease Form
to promote voluntee	er activities at the Confederation (ddress to be published in the Volur	of the Arts to use my name, photograph, and skills Centre of the Arts and for my name, telephone Inteer Directory and/or available to other Confed-
Signature of Volunteer		
Print Name		
Signature of Witness		
Date		
	ormation in case of injury or orking at the Centre	Please note: The Confederation Centre of the Arts management team reserves the right to screen
Name		and/or reject any volunteer application. All new volunteer applicants must com-
Home Phone		plete a training session before they can begin to volunteer at the Confederation Centre of the Arts.
Work/Cell Phone		All volunteers must attend an annual

training/refresher session.