

Volunteer Information

Charles W Stockey Centre

Name _____ Date _____

Permanent Address _____

City _____ Prov _____

Postal Code _____ Home Phone Number _____

Address in area (if not permanent Address) _____

City _____ Prov _____

Postal Code _____ Phone Number _____

Business Phone Number _____ (if you're willing to receive calls there)

Email _____

We usually have training sessions Saturday mornings.

Is that a suitable time for you? Y / N

If not, what is a more suitable time? _____

A list of volunteer ushers is made available to all ushers to help find a substitute when one is unable to usher at a show for which they've volunteered.

Are you willing to have your name and phone number on that list? Y / N

In Case of Emergency

Person to Contact _____

Phone Number _____ Relationship to You _____

When are you available and willing to volunteer?

Months _____

Weekdays? Y / N During the Day? Y / N

Weekends? Y / N

Festival of the Sound only? Y / N

Do you have any first aid training? Y / N If yes, what _____

Comments _____

Note: all information on this form is solely for the use of the Charles W Stockey Centre and will not be distributed to other parties.

For Volunteer Coordinator Use Only

Contact List ___ Phone List ___ Sign up Sheets ___ Name Tag ___ Usher Group ___

Last Updated: 07July09