



DATE _____

NAME _____

AGE (if under 21) _____

ADDRESS _____

CITY/ZIP _____

PRIMARY PHONE _____

SECONDARY PHONE _____

EMAIL _____

In the event of an emergency while I am at the Capitol Civic Centre, please contact _____ (NAME)
 my _____ at _____ or _____
(RELATIONSHIP, i.e, spouse, parent, child, friend) (PRIMARY PHONE) (SECONDARY PHONE)

I have specific skills/training/experience in the following (please circle all that apply):

- Administrative work Retail sales Computer/data entry Marketing/surveying Grant research/writing
 Programming Customer service/reception/telephone Bartending First Aid/CPR Filing/office duties
 Maintenance/mechanical/painting Technical (sound, lighting, staging) Delivery

I am interested in the following volunteer opportunities (please circle all that apply):

- Ad Hoc Committee work Box Office reception/sales/telephone Administrative reception/assistance/telephone
 House management Ushering Show security Show reception/coat check Bartending/hospitality
 Maintenance/mechanical/painting Cleaning/Janitorial Technical (sound, lighting, staging, load in/out crew)

Please check one:

___ I presently am a Capitol Civic Centre volunteer, since _____. *OR* ___ I am a new Capitol Civic Centre volunteer.

Please indicate your typical availability (please check all that apply):

___ Weekdays, Monday-Thursday, 9 a.m. - 5 p.m. ___ Weeknights, Monday-Thursday, 6 p.m. - 10 p.m.

___ Weekends (Friday-Sunday), from _____ to _____.

___ Year 'round ___ Seasonal (please indicate the range of your availability), from _____ to _____.