



142 12th Street West Prince Albert SK. S6V 3B5 Phone: (306) 765-1270

Fax: (306) 765-1278

VOLUNTEER INTEREST FORM

Name :				
Home Address:				
	Street	City		Postal Code
Home Phone:		Cell Phone:		
Email:				
Occupation:			Retired:	
Age (if 18 or under):		School Attending:		
How did you hear about	our volunteei	r program?		
Previous volunteer expe	rience:			
Are you currently a mem	ıber of a voluı	nteer or service organi	zation (please s	specify):

Please	e indicate the area(s) which mo	st interest(s) you:
0	House Crew Greeter Usher Bartender Merchandise	
0	Communications Crew o Monthly Poster Distrib	ution
0	Stage Crew/Backstage	
0	Broadway North Running Crew Stage Management Rigging Lighting Sound Set Build	
I am a	vailable:	I am certified in:
	 Weekdays Weekday evenings Weekend days Weekend evenings 	 CPR/AED First Aid Food Safe Serve it Right
PLEA	TO THE E.A. RA	ID BACK IN WITH YOUR CRIMINAL RECORD CHECK WLISNON CENTRE BOX OFFICE. ecord Checks are Mandatory.
YO	OU WILL BE CALLED TO SET U	P AN ORIENTATION TIME BEFORE YOU BEGIN TO VOLUNTEER.

For more information or questions please feel free to call (306)765-1270

Date phoned:_____

Date Received: _____

For E.A. Rawlinson Centre use only