



## Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Skills/Interests: \_\_\_\_\_

\_\_\_\_\_

How did you hear about volunteering with the Edmonton Opera?

\_\_\_\_\_

Do you have experience working with cash? Yes  No

Are you Proserve Certified? Yes  No

Do you have current First Aid Certification? Yes  No

Are you a current Edmonton Opera Subscriber? Yes  No

Are there any physical limitations we should know about?

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When are you interested in volunteering? (Check all that apply)

Week days  Week nights  Weekends  Special Events

Which volunteer opportunities are you interested in? (Check all that apply)

Office Support  Performances  Special Events  Education/Outreach

Have you been convicted of a crime? Yes  No

Please provide two references:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the information contained in this application is true and complete. I authorize the verification of any or all information listed above. In signing I also understand that this does not constitute a guaranteed opportunity to volunteer with the Edmonton Opera.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_