

Alix Goolden Performance Hall Volunteer Application Form

Name: _____ Address: _____

Home Phone: _____ Other: _____

E-mail: _____

Phone: _____ Would you like to be on the on call list ? ___

How do you prefer to be contacted? Home Cell Email

Age group 12- 18 years 19-30 years 30-50 50-65 year 65 plus

Previous Volunteer Experience:

Special Skills/ Certifications:

Food Safe Serving it Right First Aid Other: _____

Do you have any special skills or abilities which could support Alix Goolden Hall Events?

Please indicate the volunteer activity/activities that you are interested in:

Ushering Tickets/ Box office Concession special Events Serving

Other: _____

In case of an emergency, please notify Name: _____

Phone: _____ Relationship: _____

Thank you for your interest in Volunteering for the VCM! Our Volunteer Coordinator will be in touch with you soon to discuss volunteering opportunities. All volunteer personal information is for the use of the VCM and is not shared. For additional information, please contact: volunteer@vcm.bc.ca

Signature

Date