



VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a volunteer at The Dance Centre! In order to ensure that your volunteer experience with us is a positive one which meets your needs as well as ours, please provide us with the following information:

Full Name: _____

Preferred pronouns: _____

Mailing Address: _____

Phone: (home) _____ (cell) _____

Email: _____

How did you learn about the volunteer opportunities at The Dance Centre?

- Dance Centre Website Newsletter
 A friend Other (please specify) _____

What prompted you to work with our volunteer organization?

- Work experience School Credit
 To meet people Access to performances
 Interest in dance Other (please specify) _____

In order for us to best determine what volunteer opportunities will best utilize your skills, please tell us about your background (**please attach your resume**):

Education

- High School
 Some College/University Program/ Major: _____
 College/University Graduate
 Diploma/Major: _____

Other courses/training: _____

Computer Skills: _____

Other Relevant Skills: _____

Other Volunteer Experience: _____

Please indicate which volunteer opportunities you are interested in:

- DC Office Reception/ Administration Fundraising Support
 Front Reception Desk Set up/ Strike
 Special Events Mailout
 Box Office/Ticket Services Video Library
 Patron Services/ Ushering Other: _____

Please indicate your current availability:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

Are you currently working outside the home? Yes No

Are you actively seeking work? Yes No

Do you have any special needs you would like to make us aware of (e.g. severe allergies, health conditions, unable to stand for extended periods)?

References:

1. Name: _____ Phone: _____ Relationship to Applicant: _____

2. Name: _____ Phone: _____ Relationship to Applicant: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship to Applicant: _____

Thank you for your interest in volunteering at The Dance Centre!

FOR OFFICE USE ONLY

Date Application Rec'd:

By Whom:

Date Application Interviewed:

By Whom:

Date information into Computer:

By Whom:

Date/ Time of First Shift: