

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____
Street City Postal Code

Phone: _____ Email: _____ Cell: _____

Current Employment/School: _____

What personal skills do you possess that will be useful in your volunteer work at the Sanderson Centre?

What days & times are generally available?

Emergency Contact Info:

Mon – Fri: _____

Name: _____

Sat & Sun: _____

Phone: _____

Front of House Positions:

The volunteer positions at the Sanderson Centre include, but are not limited to, ticket verification, seating/greeting patrons, merchandise sales & bartending. Please be aware that these positions may require standing and walking for 3-5 hour periods. All Applicants must successfully complete a series on on-line and in class training courses before beginning volunteer responsibilities.

****Volunteer parking expenses are reimbursed****

Applicant Signature: _____ Date: _____

Mail, Fax or Deliver this form to:

The Sanderson Centre for the Performing Arts
C/O Scott Brohman, Front of House Manager/Volunteer Coordinator
88 Dalhousie Street, Brantford, Ontario N3T 5V7
Fax: (519) 752-1866
Email: sbrohman@brantford.ca