VOLUNTEER APPLICATION FOR COWICHAN PERFORMING ARTS CENTRE



Applications for the 2017-2018 season will be accepted until January 12, 2018

Date:								
First Name:			L	Last Name:				
Mailing Address:	:							
City:	Postal Code:				Email:			
Home #:	Work #:				Cell #:			
Occupation:	Previous Volunteer Experience:							
I heard about the	e Volunteer	Program fr	om:					
RESTRICTIONS: you must be at least 16 years of age and capable of ascending and descending numerous sets of stairs throughout a performance or presentation. (Initial here)								
AVAILABILITY:								
Our performance season is from September to June.								
Please indicate i	f you are a	vailable for	these mont	hs: Yes o	or No			
If no, please che	eck (✓) bes	ide each mo	onth you are	e available				
Sept Oct Nov Dec Jan Feb Mar Apr May Jun								
Please check (✓) when you	ı are availat	ole during th	ne week.				
	Morning	Afternoon	Evening		Morning	Afternoon	Evening	
Monday				Friday				
Tuesday				Saturday				
Wednesday				Sunday				
Thursday								
Availability Com	ments:							

Thank you for your interest in volunteering for the Cowichan Performing Arts Centre. Please mail, email, or drop off your application to the address below. Please see our website at www.cowichanpac.ca for more information about upcoming shows and to see what our fabulous theatre offers. If you have further questions, please contact Jenny Purslow at theatre@cvrd.bc.ca.

