VOLUNTEER APPLICATION FOR COWICHAN PERFORMING ARTS CENTRE



Applications for the 2023/2024 season

Date:	Preferre	ed Name:						
First Name:				Last Name:				
Mailing Address:							_	
City:	Posta	ıl Code:		Email:				
Cell #:		Home #:_		Work #:				
Occupation:		F	Previous Vo	lunteer Expe	erience:			
I heard about the	Volunteer	Program fro	om:					
RESTRICTIONS: ye numerous sets of								
AVAILABILITY:								
Our performance the majority of the				ber to June.	Please indica	ate if you	are a	vailable for
Please check (✓)	beside ead	ch month yo	ou are gene	rally availab	le			
Sept Oct	Nov	Dec	Jan	Feb	Mar A	pr [] N	√lay [Jun
Please check (✓)	when you	are availabl	e during the	e week.				
	Morning	Afternoon	Evening		Morning	Afterno	on	Evening
Monday				Friday				
Tuesday				Saturday				
Wednesday				Sunday				
Thursday								
Availability Comm	nents:							

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 Laesha at laesha.berry@cvrd.bc.ca.

