

**BAILEY THEATRE VOLUNTEER APPLICATION FORM**

**Name** \_\_\_\_\_  
*First*
**(Please Print)**
*Last*

**Address** \_\_\_\_\_  
*Postal Code*

**Phone** \_\_\_\_\_  
*Home*
*Business or Cell*
*Fax*

**Email** \_\_\_\_\_

Have you already been assigned to a committee?  Yes  No

If YES, what committee? \_\_\_\_\_ (PROCEED TO SECTION B)

IF NO, COMPLETE SECTION A.

**SECTION A**

If you don't have a committee preference, check (✓)  ANYTHING and proceed to Section B, Page 2.

**PLEASE SELECT UP TO 2 AREAS OF INTEREST (in order of preference from 1 -2) AND CHECK (✓) A COMMITTEE PREFERENCE:**

<b>ADMINISTRATION:</b> <input type="checkbox"/> Office <input type="checkbox"/> Registration	<b>HISTORIAN:</b> <input type="checkbox"/> Research <input type="checkbox"/> <input type="checkbox"/> Artifact acquisition & preservation
<b>FRIEND OF THE BAILEY:</b> <input type="checkbox"/> Fundraising projects <input type="checkbox"/> Donor Communication and Recognition <input type="checkbox"/> Sponsorship & Donations <input type="checkbox"/> Fundraising Events	<b>USER GROUP LIAISON:</b> <input type="checkbox"/> Facility promotion
<b>PROMOTION:</b> <input type="checkbox"/> Souvenir Sales <input type="checkbox"/> Media/Publicity <input type="checkbox"/> Info Services <input type="checkbox"/> Promo Projects & Events	<b>PROTOCOL:</b> <input type="checkbox"/> Opening Ceremonies <input type="checkbox"/> VIP Tours
<b>FOOD SERVICES:</b> <input type="checkbox"/> Bistro / Concession <input type="checkbox"/> Bar Service*	<b>VOLUNTEERS:</b> <input type="checkbox"/> Communication & Orientation <input type="checkbox"/> Appreciation

\* Age restrictions

**SECTION B**

**Availability:** Check (✓) (Please be as specific as possible):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anytime							
Mornings (6 am - 12 pm)							
Afternoons (12 pm - 6 pm)							
Evenings (6 pm - 12 am)							
Nights (12 am - 6 am)							
Weekends							

**PLEASE TURN THIS PAGE OVER AND COMPLETE SIDE 2**

**Volunteer Application Form (Side 2)**

Age: (if under 25) \_\_\_\_\_

Personal talents, skills, or training: \_\_\_\_\_

Do you have a current driver's license? Yes  No  Class \_\_\_\_\_ License # \_\_\_\_\_

Do you have special requirements? (e.g. no heavy lifting, wheelchair access, etc.)  Yes  No

If YES, please specify \_\_\_\_\_

Shirt Size:  S  M  L  XL  XXL  XXXL

Applicant Signature \_\_\_\_\_ Application Date \_\_\_\_\_

**Please Forward Volunteer Application Form to:**

**Bailey Theatre Society**

4949 – 50 Street

Camrose, AB T4V 1P9

For Questions Please Call: 780-672-5510

**Note: Please allow 2 – 3 weeks for the Bailey Theatre Society to contact you.**

*The personal information collected using this form is required for the purpose of operating the Bailey Theatre Society.*

*Collection is authorized and protected under the Freedom of Information Act.*

*For further information about the collection and use of this information, please call 780-672-5510*

*For Office use only...*

Committee Referred to: 1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

Committee Assignment: \_\_\_\_\_ Date: \_\_\_\_\_