

BAILEY THEATRE VOLUNTEER APPLICATION FORM

Name _____
First
(Please Print)
Last

Address _____
Postal Code

Phone _____
Home
Business or Cell
Fax

Email _____

PLEASE SELECT UP TO 2 AREAS OF INTEREST (in order of preference from 1 -2)

AND CHECK (✓) A COMMITTEE PREFERENCE:

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

* Age restrictions

PLEASE TURN OVER THIS PAGE AND COMPLETE SIDE 2

Volunteer Application Form (Side 2)

Personal talents, skills, or training: _____

Do you have a current driver's license? Yes No Class _____

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 or
info@baileytheatre.com
Check our website at www.BaileyTheatre.com

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: _____