

▶ Volunteer History

Are you a new or returning volunteer?

- New Returning

▶ Age Category

Please select one:

- Adult Youth (under 18) Age _____
Must be 14 years or older. Interview required for youth.

▶ Contact Information

First Name

Last Name

Address

City/Town

Province

Postal Code

Phone Number

Cell Number

Email Address

Birthdate (day and month only)

▶ Personal Information

My skills and interests are: _____

My previous volunteer experience is: _____

I want to volunteer because: _____

How did you hear about the Tech Team? _____

▶ Medical Conditions – please indicate medical conditions we should be aware of (use additional paper if more space is needed)

▶ **Emergency Contact Information – Name and telephone of 2 people to contact in case of injury/illness while on duty.**

First Name/Last Name Relationship

Phone #: Home/Cell/Work

First Name/Last Name Relationship

Phone #: Home/Cell/Work

▶ **Authorization of Agreement**

Please check each of the bullets below to indicate your agreement with the following statement.

As a volunteer I agree:

- to fulfill my time and duty commitments.
- to report to the Theatre Technician at the beginning and end of my shift.
- to represent Horizon Stage in a friendly, courteous manner when dealing with staff, artists, the public & other volunteers.
- that any violation of rules, written or verbal, may result in the termination of my volunteer duties.
- I will not hold the City of Spruce Grove or its staff and volunteers legally responsible for any loss, damage or theft incurred by myself during my volunteer duties.

Print Name

Signature

Date

▶ **Parent/Guardian Signature**

***Must be signed for all volunteers under age 18**

I, name of parent or guardian, agree to allow, name of son or daughter to volunteer for Horizon Stage. I have read the above and understand that both the volunteer and I are bound by the above terms and expectations.

Print Name

Signature

Date

Completed forms can be sent to hstage@sprucegrove.org; in person at the Border Paving Athletic Centre, 100, 9 Tri Leisure Way, by mail to 315 Jespersen Avenue, Spruce Grove AB T7X 3E8, or fax to 587-461-1288 Attn: Don Waddle

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer volunteers for The City of Spruce Grove's 2016 Special Events. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the City of Spruce Grove FOIP Coordinator at 780-962-7634 ext.154.