



Date: _____

VOLUNTEER INFORMATION FORM

Mr. Mrs. Ms. Dr.

Subscriber? Y N

First Name: _____ Last Name: _____ Birth Name: _____

Address: _____

Number

Street

Apt.

City

Postal Code

Date of Birth: _____ (yyyy/mm/dd)

Car Available: Yes No

Telephone: Primary # Home Cell Work

Home: _____

Cell: _____

Work: _____

E-mail: _____

Primary Language: English French Other: _____

Present Status: Employed Retired Looking for work Student

Education: University CEGEP High School

If student, school attending: _____

Will this experience count towards required community service hours? Y N

Work Experience: _____

Volunteer Experience: _____

Physical Limitations: Yes No If yes, please explain: _____

Reason for Choosing to Volunteer at the Segal Centre:

Where did you hear about the volunteer opportunities offered at the Segal Centre?

- Email
 Website
 Friend
 Facebook page

Other: _____

Areas of Interest / Skills:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Production | <input type="checkbox"/> Musical fundraiser | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Archiving | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Artistic Skills | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Academy |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Greeter | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Short Term Projects | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Holiday Celebrations |
| <input type="checkbox"/> Social Advocacy | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Judaica | <input type="checkbox"/> Teaching | <input type="checkbox"/> Creative Skills |
| <input type="checkbox"/> Languages | <input type="checkbox"/> Telephone Work | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Marketing | <input type="checkbox"/> Driver |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Website Design | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Music Performance | <input type="checkbox"/> Writing Skills | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Language	Speak	Read	Write
English			
French			
Other:			

Availability: Days and times flexible: Yes No

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Not available:

References:

Please provide the names of two people not related to you, but who have known you for at least 2 years.

First Name: _____ **Last Name:** _____

Relationship: _____

Telephone: (h) _____ **Telephone: (c)** _____

Telephone: (w) _____ **Email:** _____

First Name: _____ **Last Name:** _____

Relationship: _____

Telephone: (h) _____ **Telephone: (c)** _____

Telephone: (w) _____ **Email:** _____

CONFIDENTIALITY FORM

1) I agree to respect the confidential nature of all cases, personal contacts, related documents, files, financial and any other information that I may come into contact during the course of my volunteer involvement with the Segal Centre for Performing Arts.

Volunteer: _____ Staff: _____

For Office Use Only:

PLACEMENT(S):			
Department			
Staff Supervisor			
Day / Time Working			
Form given to Staff			
Primary Workstation			

Date Started: _____

Remarks:

Welcome Letter	
Entered in THEATRE MANAGER	
Name tag	
Excel Monthly List	
Exit Date	
Exit Reason	
Thank You Letter	
Benefits offered	