

# NEWMARKET THEATRE

505 Pickering Crescent  
Newmarket, Ontario  
L3Y 8H1

905-953-5155 Fax 905-715-7237

## VOLUNTEER PROGRAM



(Please print)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

To assist with volunteer placement, please mark one box below.

under 16 years (please state age) \_\_\_\_\_  16-20  20-40  40-55  over 55

Do you currently possess a valid  First Aid  CPR certificate

Have you successfully completed the Smart Serve Program  YES  NO

### **PAST EXPERIENCE**

I HAVE EXPERIENCE IN THE FOLLOWING AREAS: (mark all items that apply)

- theatre  radio  television  acting  directing  stage managing
- producing  technical  lighting  sound  front of house  set design
- set furnishings  set construction  set painting  costumes  makeup (basic)
- specialty makeup  box office  special effects  usher  props

DO YOU HAVE ANY EXPERIENCE, CERTIFICATES / DIPLOMAS IN:

(mark all items that apply)

- theatre arts  marketing  fundraising  electrical  electronics
- special effects  onstage fighting  use of stage firearms  pyrotechnics
- ADDITIONAL EXPERIENCE \_\_\_\_\_

DO YOU HAVE ANY OTHER EXPERIENCE IN ANY OTHER AREAS THAT MIGHT BE OF ASSISTANCE?

\_\_\_\_\_

### **CURRENT THEATRE INTERESTS**

I AM INTERESTED IN ONE OR MORE OF THE POSITIONS LISTED BELOW:

(mark all items that apply)

- lighting  sound  technical  usher  box office  coat check  greeter
- ticket taker  backstage  makeup  fundraising  sponsor acquisition
- advertising  reception planning  reception host/hostess
- special event planning

OTHER \_\_\_\_\_

PLEASE FILL IN THE INFORMATION ON THE BACK OF THIS SHEET AS WELL.

**WHEN ARE YOU AVAILABLE TO VOLUNTEER? Please check all that apply.**

WEEKDAYS...  Mornings  Afternoons  Evenings

WEEKENDS... Saturday  Sunday  Mornings  Afternoons  Evenings

Statutory holidays  Christmas  March break  Summer

OTHER (explain) \_\_\_\_\_

**HOW OFTEN CAN YOU VOLUNTEER?**

once per week  twice per week  as needed (explain)

Some technical volunteers may be asked to assist in the catwalk areas.

**DO YOU HAVE A FEAR OF HEIGHTS?**  YES  NO

**EMERGENCY INFORMATION**

**DO YOU HAVE ANY MEDICAL CONDITIONS THAT SHOULD BE NOTED?**

NO  YES EXPLAIN \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY PLEASE CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Volunteers under 16 years of age will require a parent/guardian's approval and signature, before they will be allowed to volunteer.

For further information contact Irene Latam, Volunteer Co-ordinator at 905-953- 5155

**WAIVER OF LIABILITY**

**I HEREBY RELEASE THE CORPORATION OF THE TOWN OF NEWMARKET, ITS AGENTS AND EMPLOYEES, FROM ANY CLAIM OR LIABILITY FOR PERSONAL INJURY AND/OR ANY DAMAGE OR LOSS OF PERSONAL PROPERTY, WHICH MAY ARISE DURING THE COURSE OF MY VOLUNTEER ACTIVITIES.**

Date \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_

Parent's /guardian signature \_\_\_\_\_

Parent /Guardian please print name \_\_\_\_\_

Completed forms can be dropped off at the Newmarket Theatre, 505 Pickering Crescent, Newmarket, L3Y 8H1 or the Parks, Recreation and Culture Department.

**OFFICE USE**

PHONE TREE \_\_\_\_\_

F.O.H.: \_\_\_\_\_ TECHNICAL: \_\_\_\_\_