



20 Mississauga Street West
Orillia, ON L3V 3A6
705-325-5582

Volunteer Application

In order to make your Volunteer placement a rewarding and positive experience, please fill out the following information as completely as you can.

NAME: _____
(Surname) (First Name)

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: Home - _____ Business - _____
Cell - _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

Relationship to you: _____

Do you have any health issues of which we should be aware? _____

Please check the appropriate response:

EMPLOYMENT: Full Time _____ Part Time _____
Occupation _____

STUDENT: Full Time _____ Part Time _____
Field of Study / School _____

I am fourteen years of age or older - Yes ___ No ___

I am under the age of fourteen and will be accompanied by an adult for my volunteering - Yes ___ No ___

Why are you interested in volunteering with the Orillia Opera House?

Enjoy the arts: _____ Enjoy volunteering: _____ To help others: _____
Use, upgrade, learn new skills: _____ Meet new people: _____ Want to see shows: _____
Other: _____

AVAILABILITY: _____ Daytime _____ Evenings _____ Weekends _____