

VOLUNTEER APPLICATION FORM

NAME: _____

PRIMARY PHONE NUMBER: _____

EMAIL: _____

BEST WAY TO CONTACT YOU: _____

PRIMARY ADDRESS: _____
(PLEASE INCLUDE CITY, PROVINCE & POSTAL CODE)

YEAR OF BIRTH: _____

(PLEASE NOTE THAT IF YOU UNDER 18, A LEGAL GUARDIAN IS ALSO REQUIRED TO SIGN THE APPLICATION FORM)

WHICH VOLUNTEER EVENTS ARE YOU INTERESTED IN?

FUNDRAISING BINGOS, UPCOMING DATES: **JULY 10** 4:45PM TO 9:00PM/ **AUGUST 10**: 4:45PM-9:00PM/
SEPTEMBER 6: 4:45PM TO 9:00PM/ **OCTOBER 2**: 4:45PM TO 9:00PM/ **NOVEMBER 24**: 10:45AM TO 3:00PM/
DECEMBER 21: 10:45AM TO 3:00PM (MUST BE 18 YEARS OR OLDER TO VOLUNTEER. IF YOU ARE ABLE TO COMMIT NOW TO
A SPECIFIC DATE, PLEASE CIRCLE)

CASINO: **SEPTEMBER 23 & 24, 2024** (MUST BE 18 YEARS OR OLDER TO VOLUNTEER)
DAY SHIFT 9AM-6:30PM--**EVENING** 6PM-3:30AM—**COUNT ROOM** 11PM -3:30AM
GENERAL MANAGER, BANKER, CASHIER, CHIP RUNNER, COUNT ROOM SUPERVISOR, COUNT ROOM
(IF YOU WOULD PREFER A SPECIFIC DATE, POSITION, DAY OR EVENING SHIFT PLEASE CIRCLE)

FUNDRAISING EVENTS AND/OR GENERAL OFFICE SUPPORT

MORE INFORMATION ON THE ROLES AND RESPONSIBILITIES FOR EACH VOLUNTEER POSITION IS AVAILABLE ON NLT'S
WEBSITE. APPLICABLE TRAINING IS PROVIDED BEFORE EACH VOLUNTEER SHIFT.

AVAILABILITY (PLEASE CHECK AND INSERT TIMES IF APPLICABLE)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

DO YOU HAVE ANY OF THE FOLLOWING CERTIFICATIONS/ QUALIFICATIONS?

PRO-SERVE CERTIFICATE: YES OR NO

FIRST AID (CPR-C & SFA OR EQUIVALENT): YES OR NO

IF YES TO ANY OF THE ABOVE, PLEASE ATTACH YOUR CERTIFICATION.

WHAT LANGUAGES DO YOU SPEAK OTHER THAN ENGLISH? _____

PERSONAL ACCOMMODATIONS

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU? (ADDITIONAL SKILL SETS/ PAST VOLUNTEER EXPERIENCE/ STRENGTHS/ LIMITATIONS/ ETC.)

DO YOU REQUIRE ACCOMMODATIONS FOR MOBILITY? IF YES, PLEASE PROVIDE ADDITIONAL DETAILS ON HOW WE CAN SUPPORT YOU AS A VOLUNTEER:

DO YOU HAVE ANY ALLERGIES OR DIETARY RESTRICTIONS? (WE DO OUR BEST, BUT IT'S NOT ALWAYS POSSIBLE TO ACCOMMODATE SPECIALTY DIETS):

MY PRONOUNS ARE: _____

EMERGENCY CONTACT INFORMATION (OPTIONAL):

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

OTHER WAYS TO GET INVOLVED WITH NORTHERN LIGHT THEATRE

ARE YOU INTERESTED IN BECOMING A NORTHERN LIGHT BOARD MEMBER OR COMMITTEE MEMBER?

YES, I WOULD LIKE TO LEARN MORE ABOUT BECOMING AN NLT BOARD OR COMMITTEE MEMBER

YOU CAN ALSO REFER TO THE 'ABOUT US – MEET OUR BOARD OF DIRECTORS' SECTION OF NLT'S WEBSITE:
www.northernlighttheatre.com OR CALL NLT'S OFFICE AT 780-471-1586 FOR ADDITIONAL INFORMATION

DATE _____

PRINT NAME _____

SIGNATURE _____

PRINT NAME _____
OF GUARDIAN REQUIRED IF 18 YEARS OR YOUNGER

SIGNATURE _____

THANK YOU FOR FILLING OUT NLT'S VOLUNTEER FORM

PLEASE EMAIL YOUR COMPLETED FORM TO: boxoffice@northernlighttheatre.com OR
gm@northernlighttheatre.com

OR MAIL TO: #203, 10816A, 82 AVE, EDMONTON, AB., T6E 2B3
