

# RAINBOW STAGE

200-180 Market Avenue, Winnipeg, MB R3B 0P7

Ph: (204) 989-5261 Fax: (204) 989-5266

E-mail: rbstage@mts.net Web: www.rainbowstage.net

## VOLUNTEER APPLICATION FORM

Please print this form and fill out the following in as much detail as possible, circling preferences where necessary, then submit this form either by mail, e-mail or fax using the contact information found at the top of the form. Thank-you!

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **PV:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Number:**

**(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Are you:** Under 18 yrs of age / Over 18 yrs of age

**When are you available to volunteer?** Evenings / Weekends

**Are you bondable?** YES / NO

**Are you certified in First Aid/CPR?** YES / NO

**Are you fluent in any language(s) other than English?** YES / NO

If yes, which language(s): \_\_\_\_\_

**Have you been a Volunteer before?** YES / NO

Previous volunteer experience (if applicable):

**What skills, interests, or education do you have that you feel would contribute to volunteering for us?**

**Do you have any medical conditions we need to be aware of?** (Optional) YES / NO

If yes, please specify:

**In Case of Emergency:**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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