

Please choose which location you'd like to volunteer with:  Port Dover  Port Colborne  Simcoe Little Theatre

### Applicant Information

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province* *Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name/Phone #*

Previous Volunteer Experience: \_\_\_\_\_

### Valid Certificate and Training

Please indicate valid certification and/or training you have completed, check all that apply:

- |                                      |                         |
|--------------------------------------|-------------------------|
| <input type="checkbox"/> Smart Serve | Smart Serve #: _____    |
| <input type="checkbox"/> CPR         | Date of training: _____ |
| <input type="checkbox"/> First Aid   | Date of training: _____ |
| <input type="checkbox"/> Other       | Please Specify: _____   |

### Please check one or more areas/jobs that would interest you...

#### Performances

- Ushering
- 50/50 ticket sales
- Ticket Scanner
- Greeter
- Elevator Operator  
*(Simcoe Little Theatre only)*

#### Special Events

- Greeter
- Food
- Bartending  
*(Port Colborne only)*

#### Promotions

- Poster/Brochure Distribution

### Availability

Start Date: \_\_\_\_\_

Days of the Week: \_\_\_\_\_  Matinees  Evenings

May we share your contact info with the other volunteers?  Yes  No

Lighthouse Festival requires all volunteers to provide a **Police Vulnerable Sector Check** (must be completed every 3 years)

\*An original copy of a Police Check completed within the last 3 months will be accepted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (for those under 18)

\_\_\_\_\_  
Date