

Office Use Only	
Application Received	
Interview	
Orientation	
Welcome Package	
Database Entry	
Reference Letter	

6250 - 144th Street Surrey, BC V3X 1A1 • Telephone: 604-507-6346 • Fax: 604-507-6351

Volunteer Application Form

Last Name:

Thank you for your interest in volunteering for the Bell Performing Arts Centre.

Please fill in this application and return it to: Deb Tait FOH Coordinator

by mail at 6250-144th Street, Surrey BC V3X 1A1,

or by fax at (604) 507-6351, or email tait_d@surreyschools.ca

First Name:

City:Postal Code:									
				Work Phone:					
re you 19	years of ag	e or older?	Yes	No					
mergency	Contact:								
ame:			Relatio	nship:		Phone:_			
vailability			r general ava	ilability below. L	et us know if y	your availab	oility changes		
	Juliuay	Wionday	Tuesday	Wednesday	Tiluisuay	Tilday	Jaturuay		
rnina									
ternoon									
fternoon vening ow did yo				e?					
/hy do you	u want to vo	olunteer wit	th the Centre						

References:		
Name:	Phone:	
Name:	Phone:	
Please indicate if you have ever be	en charged with or convicted of:	
Sexual Abuse	Substance Abuse Theft	
I have not been charged	or convicted of any crime.	
voluntarily. I understand this information may agency from any liability whatsoes I understand that false information I agree to volunteer for the Bell Pe	in this volunteer application are true and correct, and have been given be disclosed to any party with legal and proper interest, and I release the ver for supplying such information. I on this application may be cause for termination of volunteer service. I on this application may be cause for termination of volunteer service. I on this application may be cause for termination of volunteer service. I on this application may be cause for termination of volunteer service. I on this application may be cause for termination of volunteer service.	
DATE	APPLICANT'S SIGNATURE	

Thank you for your application.