VOLUNTEER APPLICATION FORM

Thank you for offering your services as a Volunteer. Please complete the form below and return to us. You will be contacted shortly. Please print clearly.

_____ _____
Last Name First Name

_____
Street Address

_____ _____
City Postal Code

_____ _____
Telephone Email

How would you like to Participate at LKTYP?

Marketing ___ Administration ___ Usher ___ Graphic Design ___

Webpage Design ___ Drama School ___ Box Office ___

Other_____

Please list any special skills/expertise you possess

_____

_____

If you are 18+, do you hold a current police record check? Yes__ No__

How did you hear about our Community Volunteer Programme?

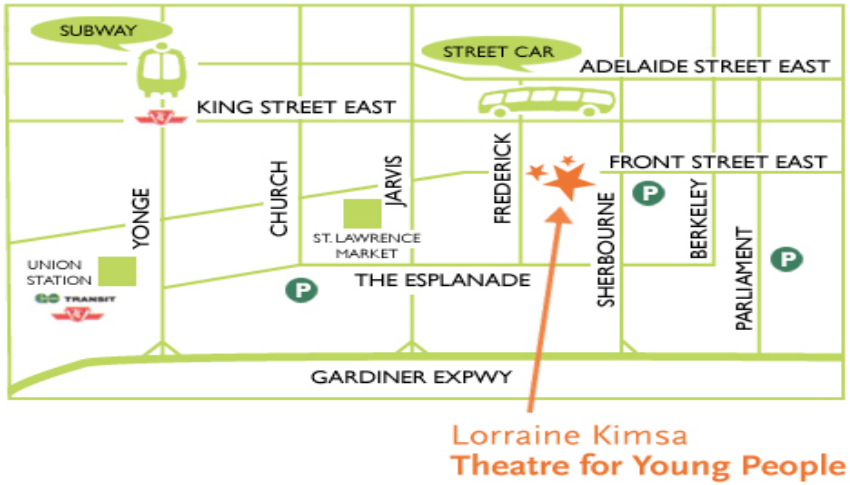
_____

MANDATORY REFERENCES:
Please provide two character references. Please print clearly.

Name **Relationship** **Phone**

1._____

2._____



WHO: This volunteer programme is ideal for

- high school students seeking to fulfill community volunteer hours.
- college/university students studying technical production/arts administration/marketing.
- newcomers looking to practice their new English skills or in need of local references.
- seniors who would like to share their time and skills.
- differently-abled individuals.
- community and interest-based groups.
- theatre aficionados.
- families.

Most positions will include some training.

Please mail/fax to
The Lorraine Kimsa Theatre for Young People
Attn: Jill Ward
165 Front Street East
Toronto, ON M5A 3Z4
Fax: 416-363-5136

For more information please contact Jill Ward by email at jward@lktyp.ca or call 416-363-5131 x254