



Volunteer Registration Form

Volunteer Contact Information

First Name: _____ Last Name: _____ Phone Number: _____
 Street Address: _____ City: _____ Province: _____ Postal Code: _____
 E-mail: _____ Emergency Contact: _____ Number: _____

Volunteer Information

VOLUNTEER AGE Youth Adult
 If Youth, please specify your age: _____ Health Card #: _____
 Have you ever been convicted of any criminal offences in respect of which a pardon has not been granted under the Criminal Records act and has not been revoked? Yes No

Do you have volunteer experience? If so, please provide details: _____

Have you ever worked/volunteered with children before? If so, Please provide details and specify age groups:

What made you decide to assist with the LYTE Program? _____

Volunteer Areas

Wardrobe Classroom Support Props
 Backstage Any/all areas available Scenic Painting

Authorization

For youth volunteers only. Parents/Guardians, please sign the written agreement)
 I PERMIT MY CHILD TO PARTICIPATE IN THE FULL RANGE OF VOLUNTEER ACTIVITIES, AND AUTHORIZE THE INSTRUCTOR AND THEATRE STAFF IN THE EVENT OF AN ACCIDENT OR ILL-NESS AFFECTING THE VOLUNTEER, TO AUTHORIZE ON MY BEHALF ALL PROCEDURES, INCLUDING ADMISSION TO HOSPITAL AND NECESSARY TREATMENT THEREIN, AS SHE/HE DEEM ESSENTIAL FOR THE CARE AND WELL-BEING OF THE YOUTH VOLUNTEER.SUCH ACTION IS TO BE TAKEN ONLY WHEN IMMEDIATE CONTACT WITH THE UNDERSIGNED CANNOT BE MADE.

Name (Please Print): _____ Signature: _____
 Date: _____

How to send in your application :

Fax: 519.432.7628
 Mail to: London Community Players, 710 Dundas street , London ON N5W 2Z4

Drop Off: 708 Dundas street, London ON N5W 2Z4

Monday to Friday 10 am- 5 pm