



# Volunteer

# London Youth Theatre Education

# Registration Form

How to send in your application :

Fax: 519.432.7628

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

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

Monday to Friday 10 am - 5 pm

## 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of any criminal offences in respect of which a pardon has not been granted under the Criminal Records act and has not been revoked?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

Backstage  Any/all areas available

## Session Choices/Dates available

**PLEASE RANK PREFERRED SESSIONS 1 TO 3**  
Student Age Group\*

SESSION ONE	7-9 Years	July 5- July 17 Monday to Friday 10-2pm, Saturday July 17, 10-3pm	<input type="checkbox"/>
SESSION TWO	10-13 Years	July 19- July 31 Monday to Friday 10-3pm, Saturday July 31 10-3pm	<input type="checkbox"/>
SESSION THREE	14-16 Years	August 2- 14 Monday to Friday 10-3pm, Saturday August 14 10-3pm	<input type="checkbox"/>

Sessions run Monday to Friday with a Saturday afternoon performance. Session One runs from 10am to 2pm. Sessions volunteers must commit to being present everyday of their session, including show day, to ensure that they are aware of any production, casting and program changes and to fulfill their duties. ALL VOLUNTEERS WILL BE INTERVIEWD AND ASSIGNED TO A SPECIFIC SESSION BASED ON NEED AND SUTIBILITY.

## 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 ILLNESS 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: \_\_\_\_\_