

STRATHCONA SYMPHONY ORCHESTRA : **VOLUNTEER APPLICATION**

PLEASE PRINT CLEARLY AND LEGIBLY : **DATE:** _____, 20 _____

Last Name:	First Name:	
Family member in orchestra	Friend in orchestra	
Do you have First Aid training and or CPR	Other medical training	
Home Address (street)	CITY	Postal Code
DAYS/TIMES NOT Available:		
Home Phone:	Work Phone:	Cell Phone:
Email address:	Preferred method of contact:	
Emergency Contact Name/Relationship	Emergency Contact Telephone number (s):	
ALLERGIES OR OTHER CRITICAL MEDICAL CONDITIONS	CARRY EPI PEN OR OTHER CRITICAL MEDICATION?	

PLEASE CHECK THE AREAS THAT INTEREST YOU:

- CONCERTS:** _____ Concession set-up _____ sales _____ Make tea/coffee
 _____ Stage set up or take down
 _____ Musician Chair set up/take down : _____ set reserved signs
 _____ Greeter/usher
 _____ Sell tickets at door
 _____ Take tickets at door from pre paid patrons
 _____ Door security for musicians door
 _____ Security for Green Room downstairs
 _____ Decorating

- OTHER** _____ help manage a website or Facebook
 _____ help distribute posters or tent/rack cards

Please describe your experience if applicable or facts about yourself you would like to share

I agree not to hold the Strathcona Symphony Orchestra Society (SSOS), or its Directors, Members or Volunteers, or any person associated with any concert or practice venue connected with the SSO, responsible or liable for loss, injury or accident in connection with participation in classes, rehearsals, performances, social events or other activities sponsored by or arranged by the SSOS. I agree to allow my photo to be used on the SSO Facebook page or in print media.

Volunteer's Signature (under age 19 must have parent approval)	Date
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