

## LIGHTHOUSE FESTIVAL Volunteer Application

Please choos	e which location you'd like to volu	unteer w	th: Port Dov	er 🗌 l	Port Colborne	☐ Simcoe Little	Theatr
		Арј	olicant Information				
Full Name:							
	First Last						
Address:  Street Address				Anartm	nent/Unit #		
	Street Address			Арапп	ieni/Onit #		
	City		Province		Postal Code		
Phone:			Email:				
_							
Emergency	Contact:		Name/Phone #				
Previous Vo	lunteer Experience:						
		Valid C	ertificate and Train	ing			
Please indica	ate valid certification and/or tra	ining yo	ou have completed, ch	eck all th	at apply:		
☐ Sma	art Serve		Smart Serve #:				
□ СРГ	R		Date of training:				
Firs	st Aid		Date of training:			<del></del>	
☐ Oth	er		Please Specify:			<del></del>	
	Please check on	e or mo	ore areas/jobs that v	would in	terest you		
Performan	ces	Specia	al Events		Promotions	<b>s</b>	
☐ Ush	nering		Greeter		☐ Post	ter/Brochure Distribu	ution
<u> </u>	50 ticket sales		Food				
☐ Tick	ket Scanner		Bartending				
☐ Gre	eter		(Port Colborne only)				
	vator Operator coe Little Theatre only)						
			Availability				
Start Date:							
Days of the Week:					Matinees	Evenings	
May we share	e your contact info with the other	voluntee	ers?		☐ No		
Lighthouse F	estival requires all volunteers to	provide	a Police Criminal Reco	ord and J	udicial Matters	s (must be complet	ed
	· ) *An original copy of a Police Ch					<del></del>	
, ,			•		•		
Signature						Date	
Signature of parent or guardian (for those under 18)						Date	