

Symphony Nova Scotia Volunteer Application Form

Name: _____ Date: _____

Address: _____

Telephone Contact - Home: _____ Work: _____

Primary Telephone Contact: Home ___ Work ___

E-Mail Address: _____

Applicant Date of Birth: _____mm/dd/yyyy

Company (If Applicable): _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Tel. No.: _____

Please list any previous or current volunteer experience (Most Recent):

	Organization	Volunteer Role/Position	Date of Service (mm/yyyy)	
			From:	To:
1.				
2.				
3.				
4.				

Please list the qualifications/skills that you can bring to Symphony Nova Scotia.

Why do you want to serve as a volunteer? What do you hope to benefit from this experience?

Are you a current or previous subscriber, donor or concert attendee with Symphony Nova Scotia?

Do you have any ties or relationships with anyone at Symphony Nova Scotia (Staff, Musicians etc.)?

Please check the time of days you are available to volunteer.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
After 5pm							
Night							

Please Provide (2) Professional References:

1. Reference Name: _____

Tel. No. : _____

E-Mail: _____

Best time to contact reference: _____

Relationship to Applicant: _____

2. Reference Name: _____

Tel. No. : _____

E-Mail: _____

Best time to contact reference: _____

Relationship to Applicant: _____

I _____, certify that the information in this application is correct and complete. I give my permission to Symphony Nova Scotia to contact the above references. I hereby release and agree to hold harmless from liability any person or organization that provides information.

Applicant's signature

Date