



PERFORMING
ARTS
LODGE

Office Phone:
604-255-4312

For Office Use Only

File Number: _____ Date: _____

PAL VOLUNTEER REGISTRATION FORM

(PLEASE PRINT CLEARLY)

1. Personal information:

Last Name		First Name		Mr.	Miss
				Mrs.	Ms.
Address: suite, house number, street, city, province, postal code					
Mailing address (if different from above)					
Home Phone		Message/Cell Phone		Email	

2. Please indicate which of these services you would be willing to provide.

- | | | | | |
|---|------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Mail Outs | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Filing | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Graphic Design | | | <input type="checkbox"/> Web Design/Updating | |
| <input type="checkbox"/> Creative Writing | | | <input type="checkbox"/> Computer Technical Assistance | |
| <input type="checkbox"/> Delivery/Driving | | | <input type="checkbox"/> Maintenance/Repair | |
| <input type="checkbox"/> Making Phone Calls or Answering Phones | | | <input type="checkbox"/> Postering | |
| <input type="checkbox"/> Special Events Assistance | | | <input type="checkbox"/> Box Office | |
| <input type="checkbox"/> Ushering | | | <input type="checkbox"/> Production Crew | |

LIST Special Skills/Training/Expertise

- | | |
|---|---|
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Event Co-ordination |
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Developing Policy and Procedures |
| <input type="checkbox"/> Other donated services you would be willing to provide (Please list) | |

3. Please indicate your preferred availability.

- When: Week Days Weekends Flexible
- Times: Mornings Afternoons Evenings Flexible
- Number of Hours available: _____ hours per week _____ hours per month Flexible
- I am not able to predict my availability. Call me.