

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**INFORMATION ABOUT EXPERIENCE AND INTEREST**

*Volunteer and/or Work Experience*

Where did you hear about our volunteer program?			
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Capitol Centre.org	<input type="checkbox"/> Posters or Preshow Adverts	<input type="checkbox"/> School Councillor

Organization	Length of Time at Position	Position Held

Why are you interested in volunteering at the Capitol Centre? \_\_\_\_\_

Is there any additional information you feel would be helpful? \_\_\_\_\_

**DRESS CODE AND GROOMING STANDARDS**

In your work you will be meeting and greeting with the public. As an official representative of the Capitol Centre, all Volunteers (while on duty) must project a positive and professional image with respect to hair, beards, body piercing, jewelry, makeup, a general personal hygiene and grooming. You will be required to wear:

1. A name tag provided by the Capitol Centre
2. Black pants and a white collared shirt and a vest provided by the Capitol Centre for major shows.

**APPLICATION ACCEPTANCE**

All volunteers applying will be contacted by the Front of House/Volunteer Manager here at the Capitol Centre. Selected candidates will be invited to participate in a personal interview. All selected candidates must have a current Police Reference Check if 19 years or older. Acceptance is at the sole discretion of the Capitol Centre.

**I HAVE READ THE ABOVE AND UNDERSTAND THE REQUIREMENTS**

By signing below, I authorize the Capitol Centre to collect personal information appropriate to the position for which I have applied concerning my academic background, employment and volunteer history, and verify that the references I have supplied. I understand the information obtained will be confidential but may be shared with relevant Capitol Centre departments.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Phone #: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	First Date Started: _____	Police Check Attached: <input type="checkbox"/>
		Police Check Applied For: <input type="checkbox"/>