Volunteer Application

Name: _____ Home Number: _____

Address: _____ Cell Number: _____

City, Province: _____ Postal Code: _____ Fax Number: _____

Age: _____ Best time to reach you: _____ E-mail: _____

Emergency contact person: Name:_____ Phone: _____

Have you volunteered with the PEIMA before? yes ❑ no ❑ Drivers License? yes ❑ no ❑

Occupation: _____ Languages: _____

Relevant job experience and skills:_____

_____

_____

Other volunteer
experience:_____

References:_____

I would be willing to help out during the year with:

In the Office	❑	I'm available: Days	❑
Poster Distribution	❑	Weekends	❑
Fundraising Projects	❑	Evenings	❑

By signing this application form I understand that as a volunteer I am representing the Music PEI and will remain professional at all times, by respecting and adhering to Music PEI operations and policies.

_____ _____

Signature of Applicant *Date*

Please mail to Box 2371, Charlottetown, PE, C1A 8C4
or drop off at 145 Richmond St, Charlottetown, PE

Office Use Only Reviewed ❑ Crew assigned to: _____

Assigned by: _____