



# Volunteer Application

---

## Contact Information

---

|                          |  |
|--------------------------|--|
| Name                     |  |
| Street Address           |  |
| City, Prov., Postal Code |  |
| Home Phone               |  |
| Work Phone               |  |
| E-Mail Address           |  |

## Availability

---

During which hours are you available for volunteer assignments?

- |   |  |
|---|--|
| <input type="checkbox"/> Weekday mornings       | <input type="checkbox"/> Weekend mornings        |
| <input type="checkbox"/> Weekday afternoons     | <input type="checkbox"/> Weekend afternoons      |
| <input type="checkbox"/> Weekday evenings       | <input type="checkbox"/> Weekend evenings        |
| <input type="checkbox"/> Specific day(s): _____ | <input type="checkbox"/> Specific time(s): _____ |

## Interests

---

Tell us in which areas you are interested in volunteering.

- Administration (e.g., hotel liaison, instrument manager)
- Events (e.g., Green Room preparation & cleaning, ticket desk duties, help at Special Events)
- Publicity (e.g., brochure distribution & advertisements solicitation)
- Fundraising (e.g., grant writing assistance, program sponsor solicitation)
- Newsletter production (e.g., proofing, computer design & layout)
- Volunteer coordination (e.g., job description writing, handbook preparation)
- Other – please specify: \_\_\_\_\_

## Special Skills or Qualifications

---

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

---

Summarize your previous volunteer experience.

|  |
|--|
|  |
|--|

## Mobility

---

While most volunteer positions do not require access to a vehicle, a couple of positions do require some form of transportation for carrying equipment/materials. Tell us if you have:

\_\_\_ Access to a vehicle

## Agreement and Signature

---

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

## Our Policy

---

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Please be assured that your personal information is held in strictest confidence.

Thank you for completing this application form and for your interest in volunteering with us.

Mail the completed form to EMSI Volunteer Guild, 320-485 Island Hwy, Victoria BC V9B 5H7

For more information about the Early Music Society of the Islands (EMSI), please visit our website:  
<http://www.earlymusicsocietyoftheislands.ca/>