

**Charles W. Stockey Centre for the Performing Arts & Bobby Orr Hall of Fame
Volunteer Contact Information**

PERMANENT ADDRESS

Name: _____ Month and Day of Birth: _____

Address: _____

City: _____ Postal Code: _____

Tel: _____ Email: _____

SEASONAL ADDRESS (IF APPLICABLE)

Address: _____

City: _____ Postal Code: _____

Tel: _____

ADDITIONAL INFORMATION

A list of volunteer ushers is made available to all ushers to help find a substitute when one is unable to usher at a show for which they've volunteered. Are you willing to have your name and phone number on that list? Y / N

Occasionally photos are taken at events and released via various forms of media. Do you consent to your photo being used by the Stockey Centre or Bobby Orr Hall of Fame? Y / N

Do you have any first aid training? Y / N If yes, what _____
Expiry date: _____

Please list any skills or talents you have and are willing to share (ie. Smart Serve, gardening, decorating, artistic talent...) -

EMERGENCY CONTACT

Person to Contact _____

Phone Number _____ Relationship to You _____

Note: all information on this form is solely for the use of the Charles W. Stockey Centre & Bobby Orr Hall of Fame and will not be distributed to other parties.