



**DRAMAWAY VOLUNTEER APPLICATION**  
**Please print clearly and complete the application in full.**

Mr. \_\_\_ Mrs. \_\_\_ Miss. \_\_\_ Ms. \_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone (home): (\_\_\_\_\_  
) \_\_\_\_\_  
City: \_\_\_\_\_ Cell: (\_\_\_\_\_  
) \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
May we contact you via e-mail? Yes \_\_\_ No \_\_\_ E-Mail  
Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Telephone: \_\_\_\_\_

**EDUCATION/OCCUPATION:**

School/College/University attended, or currently attending: \_\_\_\_\_  
Program or course of Study: \_\_\_\_\_  
Most recent grade, year or level completed: \_\_\_\_\_  
Current Occupation: \_\_\_\_\_ Full-time \_\_\_ Part-time \_\_\_  
May we contact you at your workplace? Yes \_\_\_ No \_\_\_ Telephone: (\_\_\_\_\_  
) \_\_\_\_\_

**PERSONAL INFORMATION:**

Have you had experience working with children or special needs individuals? Yes \_\_\_ No \_\_\_  
Have you had previous related work or volunteer experience? Yes \_\_\_ No \_\_\_  
Please state where and describe your role and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about *DramaWay*?  
Why are you choosing to apply to *DramaWay*? (Check all that apply.)  
 Put spare time to good use  
 Interest in community involvement  
 Experience for theatre/teaching career  
 Desire to work with individuals with special needs  
 Desire to work with young children  
 To establish work record  
 OSSD requirement  
 Other (Please explain and continue on separate sheet if necessary.)

Please share with us something about yourself – special interests, specialized skills i.e. first aid, hobbies, experiences with children, fluency in languages other than English, background in the arts, personal history, etc. (Continue on separate sheet if necessary.)

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**PROGRAMS ASSISTED BY VOLUNTEERS (Check all areas of interest.)**

**DramaWorks/LeadershipWorks** -Creative expressive/life skills drama group for individuals with special needs ages 14+ (commitment until June)

**RhythmWorks Performance Group** - Performance Dance Group modified for individuals with special needs ages 12+

**PartyWorks** -1 to 2 hour drama workshop for all occasions i.e. birthday celebration

**PlayWorks** – Saturday Morning Drama Program for ages 7 to 10 (Commitment of 9 weeks)

**Administrative Support** -Clerical administration, information & resource gathering, data entry, handout preparation, etc.

**Community Relations & Special Events** -guest speaking, entertainment, fundraising, etc.

**Final Productions** –Help out backstage, make-up, set-up & clean up, meet & greet, etc.

**Other**

**AVAILABILITY:**

Volunteers are required for each location. In which area(s) are you available to volunteer?

Summerhill/Yonge  Scarborough  Multi Arts Summer Camp  Mississauga

Bloor & Runnymede

When are you able to volunteer?

Morning  Afternoon  Evening  All day  Weekends  Where need is greatest

How many hours per week could you be available? (Individual program commitments vary.)

Year Round:  Yes  No

Seasonal: (e.g. spring/summer)  Yes  No

Could we call you to volunteer on short notice?  Yes  No

Please indicate below the days and times you could be available:

	MON	TUES	WED	THURS	FRI	SAT
MORNING	_____	_____	_____	_____	_____	_____
AFTERNOON	_____	_____	_____	_____	_____	_____
EVENING	_____	_____	_____	_____	_____	_____

- Two references are required. Please be prepared to bring two completed reference letters to the volunteer interview.

Signature: \_\_\_\_\_

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

- Volunteer positions at *DramaWay* require that a signed Parent/Guardian Consent statement for candidates under the age of 18 be provided.

- Does this apply to you? \_\_\_ Yes \_\_\_ No
- If yes, please ask your parent or guardian to complete the following:

**PARENT/GUARDIAN CONSENT FOR APPLICATIONS UNDER AGE 18**

This is to acknowledge that (full name of applicant) \_\_\_\_\_ is offering service to *DramaWay* on a voluntary basis with my full knowledge and consent. In case of emergency or accident, please contact \_\_\_\_\_

Telephone ( ) \_\_\_\_\_. Relationship to applicant \_\_\_\_\_.

If unable to contact the above emergency contact person, *DramaWay* has my permission to initiate appropriate emergency medical procedures.

Name (printed) of parent or guardian: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

*Thank you for giving your time and attention to this application form; when completed, please return it to DramaWay and contact the Director Danielle Strnad within one week.*

<b>For DramaWay office use only. Date Received:</b>		
<b>Interview date set for:</b>	<b>Accepted:</b>	<b>Deferred:</b>
<b>General Training &amp; Orientation Date:</b>		
<b>Assigned to: Area/Program and Name of Supervisor:</b>		
<b>1.</b>	<b>2.</b>	<b>3.</b>
_____	_____	_____