



**OPERA NUOVA AMICE VOLUNTEER
PROGRAM ENROLMENT FORM**

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|---|--------------------------|---------------------|--------------------------------|--------------------------|--------------------------|
| NAME | | | | | |
| MAILING ADDRESS | | | | | |
| CITY, PROVINCE | | | | POSTAL CODE | |
| PHONE (HOME) | | | PHONE (CELL) | | |
| EMAIL ADDRESS | | | | | |
| BEST WAY TO CONTACT YOU? | | | | | |
| YEAR OF BIRTH | | | SEX (M/F) | | |
| OCCUPATION | | | T-SHIRT SIZE | | |
| EMERGENCY CONTACT NAME | | | EMERGENCY CONTACT PHONE NUMBER | | |
| WHAT LANGUAGES DO YOU SPEAK? | | | | | |
| DO YOU HAVE ANY SPECIAL NEEDS? (Mobility restriction, serious allergies) | | | | | |
| DO YOU HAVE A CAR? (Y/N) | | | | | |
| WHAT OTHER VOLUNTEER EXPERIENCE DO YOU HAVE? | | | | | |
| WHAT SKILLS DO YOU POSSESS THAT WOULD BE USEFUL TO OPERA NUOVA? | | | | | |
| WHY DO YOU WANT TO VOLUNTEER FOR OPERA NUOVA? | | | | | |
| WHAT VOLUNTEER POSITIONS INTEREST YOU? (Check as many as apply.) | | | | | |
| Mail-outs | <input type="checkbox"/> | Social Media | <input type="checkbox"/> | Dinner Cabaret Events | <input type="checkbox"/> |
| Box Office / Ushering | <input type="checkbox"/> | Airport Pick-ups | <input type="checkbox"/> | Phoning | <input type="checkbox"/> |
| Special Events | <input type="checkbox"/> | Equipment transport | <input type="checkbox"/> | Billet Hosting | <input type="checkbox"/> |
| Greeting | <input type="checkbox"/> | Administration | <input type="checkbox"/> | Merchandise / Concession | <input type="checkbox"/> |

Please email this form to admin@operanuova.ca or
mail it to Opera NUOVA, 4 Patricia Crescent NW, Edmonton, AB, T5R 5N6. **THANK YOU!**