

CAPITOL CENTRE

YOUR HOME FOR ARTS AND ENTERTAINMENT

Personal Information

Last Name: _____ First Name: _____
Street Address: _____ Apt/Unit #: _____
City: _____ Province: _____ Postal Code: _____
Daytime Telephone: _____ Evening Telephone: _____
E-Mail: _____

School Information

School Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____

Course Information

Current Grade: _____ Birthday(If under 18): _____

Reason For Volunteering

- Complete my OSSD requirement of 40 hrs
- Complete particular course requirement

Details _____

Other _____

I require the following from the Capitol Centre to verify that I have successfully completed my volunteer placement...Please attach a blank copy of the report or form to this application.

Available to Start: _____ Must Complete Assignment by: _____

Information About Experience and Interest

Volunteer and/or Work Experience

Organization	Length of time at position	Position held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe Why you are interested in Volunteering at the Capitol Centre? _____

Is there any additional information you feel would be helpful? _____
