

ST. CLAIR COLLEGE CENTRE FOR THE ARTS

Theatre Usher

VOLUNTEER AUTHORIZATION

NAME: _____

ADDRESS: _____

(City)

(Postal Code)

PHONE _____

Email Information: _____

BIRTHDATE: _____

(month, day, year)

START DATE: _____

IN CASE OF EMERGENCY

PLEASE NOTIFY: _____

(First Name)

(Last Name)

(Relationship, eg. Spouse)

(Area Code)

(Phone Number)

VOLUNTEER SIGNATURE: _____

AUTHORIZED BY: _____