



# Dora Mavor Moore Awards

celebrating *excellence* in toronto THEATRE, DANCE and OPERA

## 30<sup>th</sup> Anniversary Dora Awards Volunteer Application

### Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work/Cell Phone	
E-Mail Address	

### Availability

On Monday June 29<sup>th</sup>, please list your availability

- Morning (8 am to 12 pm)  
 Afternoon (1 pm to 7 pm)  
 Evening (7 pm to approximately 2 am)

### Position

Please check all positions that you are interested in volunteering for.

- Greeter  Food Server  
 Driver (Please see questions to follow)  Event Set Up  
 Usher  Other/Not Sure

### Previous Volunteer Experience

1. Have you previously volunteered for the Dora Mavor Moore Awards?

- Yes  
 No

2. If so, when, and in what position?

3. Why do you want to volunteer for the 30<sup>th</sup> Anniversary Dora Mavor Moore Awards?

4. Please summarize your previous volunteer experience.

### Driver Questions

If you have access to a car, and would be interested in volunteering as a food pickup driver, please answer the following questions.

Note: Please be aware that we are not able to compensate for gas or mileage used as a volunteer. However, in appreciation for your contribution all drivers will receive a complimentary ticket to the 30<sup>th</sup> Anniversary Dora Mavor Moore Awards.

*Please see next page*



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1. Do you have a valid Ontario driving license?

- Yes  
 No

2. How long have you been licensed to drive in Ontario?

3. How would you describe your driving style?

- Regularly nervous  Regularly distracted  
 Regularly aggressive  Focused and cautious

4. Do you have a friend who would be willing to volunteer to accompany you during the food pickups?

- Yes  
 No

2. If so, please list their full name and contact information.

Name	Phone Number	Email

## References

Please list two people who you know well and can attest to your character, skills, and dependability. Include current and past employers if possible.

	Name/Organization	Relationship to you	Phone	Length of relationship
1				
2				

## Person to Notify in Case of Emergency

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work/Cell Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

## Thank you for completing this application, and for your interest in volunteering with us.

We will be contacting you shortly.

If you have any further questions, please contact Laura Pomeroy via email at [laurap@tapa.ca](mailto:laurap@tapa.ca)