



Volunteer Musician Application Form

Musician Impact Network Society

Personal Information

Full Name					
Full Address					
Telephone	Home				Cell
Email Address					
Citizenship	Canadian		Other _____		
Age Group	Under 19	19-25	26-40	41-60	Over 60
Birth Date	Month _____		Day _____		

History

Are you a Professional musician?	YES	NO
<p>Instrument / Voice</p> <p>(1) _____ (2) _____ (3) _____</p> <p>Experience: (Ex: orchestra, number of years played, etc.)</p> 		
<p>Volunteering Experience:</p> 		
Have you volunteered at a Residential Care Facility before?	YES	NO



Volunteer Musician Application Form
Musician Impact Network Society

Education / Training

If you are currently a student, what school/university do you attend:

Area of Study: _____ Year/Grade: _____

List any past relevant education/training you have:

Emergency Information

In case of emergency, Contact Name: _____

Relationship to you: _____

Telephone Number: _____

Parent/ Legal Guardian Consent: (applicants under 19 years old)

I, _____ (Print Your Name) grant my child,
_____ (Child's Name), permission to participate in the Volunteer
Program at Musician Impact Network Society.

Signature of Parent/ Guardian: _____

Date: _____

Please read the following carefully before signing this application

I _____ (Print your name) confirm that the information in this
volunteer application is complete and true. I understand and agree that any false statements, omissions
or misrepresentations with respect to the given information may result in refusal of volunteer placement
or immediate termination. I understand and give permission to Musician Impact Network Society to
keep a record of my personal information on site and that it will remain confidential to Musician Impact
Network Society.

Signature: _____

Date: _____