



# COMEDY COURAGE

#213 -102, 15910 Fraser Highway, Surrey, British Columbia, Canada V4N 0X9 Tel: 604-598-9200 Fax: 604-598-9201 Web: comedycourage.com

EXECUTIVE DIRECTOR  
Darcy James

***“Helping Our Mental Health Community Help Themselves Through  
Laughter, Comedy and Courage”***

PRESIDENT  
Barry Buckland

## COMEDY COURAGE VOLUNTEER APPLICATION FORM

Comedy Courage is the first program of its kind in Canada to teach people with mental health diagnoses and issues how to write a comedy routine about their own personal journeys to mental health wellness and deliver it before a live audience!

Comedy Courage's vision is to empower individuals with mental health diagnoses and/or issues to discover their comedic talent and to use this talent to educate, create awareness, break the stigma of what it means to have a mental health diagnosis and to raise funds so we can continue to support people living with mental health diagnoses and/or issues.

Your volunteer involvement is essential in putting together Gala's of this size and scope. Without volunteers like yourselves who are willing to laugh along side us and give from your hearts, fundraisers like Comedy Courage would not be possible. Should you be approved as one of our volunteers, we give you a heartfelt thanks in advance for your support and assistance.

### **Volunteer requirements:**

**Minimum age:** 16 yrs. Volunteers under 19 will need their parent or guardians consent.

**Commitment:** able to commit to the show producers hrs and tasks you are asked to work and agree to be responsible for them.

**Requirements:** Proficient in English, spoken and written, 2 references, application and short cover letter stating why you would like to be chosen as one of the volunteers for Comedy Courage and the tasks you would best be suited for, can take charge of and most enjoy assisting with. Key positions of responsibility are available for those that would like to rise to the challenge.

Please fill out and fax back or email your volunteer application to:

Comedy Courage, Show Producer, Fax. 604-598-9201 or email: [info@poshentertainment.com](mailto:info@poshentertainment.com)

If you require assistance please call: Victoria Clements, Show Producer, 604-722-2914

### Volunteer Application Form for Comedy Courage

#### **Personal Information:**

Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Other \_\_\_ Preferred First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Other: \_\_\_\_\_

Age Group: Under 19 \_\_\_ 19-25 \_\_\_ 26-40 \_\_\_ 41-60 \_\_\_ 60 & Over \_\_\_ Birth: \_\_\_\_\_

**Your Interests**

Why are you interested in volunteering for us?

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**Can you Volunteer between Mar. and May of 2010?** Yes \_\_\_ No \_\_\_

Give us an idea of your availability weekly please: am \_\_\_ pm \_\_\_ eve \_\_\_ weekends \_\_\_\_\_

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

**Abilities & Skills:**

List any hobbies/skills/interests/experiences:

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**Why you should be chosen for Comedy Courage:**

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**Are you presently a Volunteer?** Yes \_\_\_ NO \_\_\_ If yes, where and how long?

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Describe ANY and ALL previous volunteer experience?

**Employment:**

Are you currently employed? Yes \_\_\_ No \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Casual \_\_\_

Current Employer: \_\_\_\_\_

May we contact you at work? Yes \_\_\_ No \_\_\_

**Education/Training:** if you are currently a student what school or training are you attending?

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Area of Study: \_\_\_\_\_ Grade: \_\_\_\_\_

List any past relevant education/training you have:

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Have you any Comedy, Event Production, Sales, Marketing, Promotions, & Office experience?

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**References:**

Please provide two references (not family) that have known you for the last six months, one personal and one business or volunteer related (please inform them they will be contacted)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal relation to you: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business relation to you: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Information: Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Parent/Legal Gaurdian Consent:** (applicants under 19 yrs old)

I, \_\_\_\_\_ (print your name) grant my child, \_\_\_\_\_

(childs name) permission to Volunteer with Comedy Courage.

Signature of Parent/Gaurdian: \_\_\_\_\_ 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 omission or misrepresentation with respect to the information given may be cause of refusal for volunteer placement, or if I am a volunteer with Comedy Courage, may be cause for immediate termination. I authorize Comedy Courage and its representatives to contact the references listed and give permission to these references to release all relevant information requested.

I understand and give permission to Comedy Courage to keep a record of my personal information on site and that it will remain confidential to Comedy Courage. I understand that this information may be disclosed to any party with legal and proper interest, and I release Comedy Courage from any liability whatsoever for supplying such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Approved? Yes \_\_\_\_\_ No \_\_\_\_\_ why? \_\_\_\_\_

Comments: \_\_\_\_\_