Student Assistant Application

Please complete both pages and email to Mr. Pete Stanbridge (pstanbridge@mun.ca).

Name

Local Address

Phone   Student #

E-mail   SIN

Home Town/Prov   Birth date

Year of study   Y Y M M D D

T4 Mailing Address

STREET	CITY	PROV

POSTAL CODE

EMERGENCY CONTACT NAME	RELATIONSHIP
CONTACT PHONE NUMBER	

How often do you check your e-mail:

☐ What's e-mail?   ☐ Once a day

☐ Once a week   ☐ Once every 10 minutes

Are you involved in any of the following groups?

☐ NSO   ☐ MUN Chamber Orchestra   ☐ Gower Street Band

☐ Calos Youth Orchestra   ☐ MUN Wind Ensemble   ☐ Other community groups (list below)

☐ Shallaway   ☐ MUN Jazz Ensemble

☐ MUN Festival Choir   ☐ MUN Scruncheons

☐ MUN Chamber Choir   ☐ MUN Opera Workshop

Using numbers 1 through 4, rate each of the following positions based on your interests and skills.

All student assistants will work all positions.

☐ Box office Cashier   ☐ Stage Hand/Lighting Technician

☐ Usher   ☐ Sound Technician

Describe all previous work experience (i.e. summer jobs, employment in other fields).

_____

_____

_____

Please complete pg. 2

WEEKLY AVAILABILITY

In the grid below, indicate your typical weekly availability. Type **YES** in the slots when you are available, or enter specific times if your availability does not align with the grid. Leave the slots blank if you are unavailable.

	MON	TUE	WED	THU	FRI	SAT	SUN
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Can you work after the semester ends?   ☐ YES   ☐ NO

Signature _____   Date _____