



VOLUNTEER APPLICATION FORM

Applicant Form: Please print clearly.

Today's Date:

First Name:

Middle Initial:

Last Name:

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-mail Address:

Emergency Information

In case of an emergency, who should we contact? If you are under 18 years of age, you must list parent(s) or guardian(s).

Name:

Relationship:

Home Telephone:

Work Telephone:

Primary Physician:

Telephone Number:

Employment, Education, & Volunteer Experience

Current or most recent Employer information:

Employer:

Occupation:

Education:

School Name:

Grade Level/Diploma/Degree:

Volunteer Experience:

Name of Volunteer Program:

Type of Duties Performed:

Dates of service:

Do you have any limitations that would affect your ability to perform certain tasks as a volunteer at Theater Works? Yes No

If yes, please explain: _____

Availability: List days and times that you are generally available

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Interests

What attracted you to our organization? Is there any special aspect of our work that motivated you to seek volunteer opportunities here?

Is there a particular type of assignment or volunteer activity that you would prefer to do?

- Ushering
 Costume Shop
 Craft Prep
 General Set/Painting Help
 Tech/Sound Crew
 General Admin/Mailings
 Other: (please specify)

List any skills and qualifications you have that will contribute to a volunteer role at Theater Works:

References:

Name	Relationship	Telephone	Years Known
1.			
2.			
3.			

Applicant's Statement

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please explain: _____

*A fingerprint and background check is required to work with our youth.

If working with any youth, do you consent to a criminal background check? Yes No

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Theater Works to conduct a thorough review of my application information and authorize all references provided in this application to provide all information regarding this application and volunteer opportunity. Furthermore, I agree to cooperate with this application review process and release from all liability or responsibility, Theater Works and all persons acting on its behalf, and all persons requesting or supplying such information.

_____ Date

_____ Signature of Applicant & Guardian of Applicant (if applicable)