

## **Volunteer Application**

Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
When are you available for volunteer assignments?		
Weekday mornings Weekday afternoons Weekday evenings	<ul><li>Weekend mornings</li><li>Weekend afternoons</li><li>Weekend evenings</li></ul>	
Interests		
Check all that apply.		
<ul> <li>Administration/Clerical: receptionist, data entry, filing, phones</li> <li>Theatre Events: ushering,</li> <li>Field work: manning information booths, distributing flyers</li> <li>Fundraising Events: set up, break down,</li> <li>Deliveries:</li> <li>Phone bank:</li> <li>Mailings: labeling, stuffing, sealing envelopes</li> <li>Volunteer coordination:</li> </ul>		
Special Skills or Qualifications		
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Case of Emergency		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
All applicants must agree to a background check. By submitting this application, I agree to a background check AND I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a 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, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering at the Florida Theatre.

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<a href="https://www.FloridaTheatre.com">www.FloridaTheatre.com</a>
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