

Viquesney Volunteer Application

Historic Tivoli Theater
24 N. Washington St.
Spencer, IN 47460

director@spencertivoli.org



Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Friday mornings Saturday mornings Sunday mornings
- Weekday afternoons Friday afternoons Saturday afternoons Sunday afternoons
- Weekday evenings Friday evenings Saturday evenings Sunday evenings

Interests

Please rank what duties you would be interested in at the Theater. One (1) is your first choice and then in numeric order.

- Selling Tickets
- Concessions
- Usher
- Projection
- Lights
- Sound
- Clean Up After Movie
- Stage Manager
- Meetings
- Concerts
- General Volunteer

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.

| |
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Previous Volunteer Experience

Summarize your previous volunteer experience.

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| |
|--|

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, 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 with us.



TEEN VOLUNTEER SECTION

School Currently Attending _____

Grade _____ Full Time _____ Part Time _____

Teacher Reference _____

Teacher's Phone No. _____

School or Community Activities _____

Special Skills

VOLUNTEER CATEGORY

List any current/past volunteer assignments you have held:

1. Volunteered for: _____ Dates _____

Job

Description _____

2. Volunteered for: _____ Dates _____

Job

Description _____

3. Volunteered for: _____ Dates _____

Job

Description _____

Reasons for volunteering (check all that apply):

School credit/assignment _____ Personal enrichment _____

Learn new skills _____ Preparation for future employment _____

If you could do any task in the theatre, what would it be? _____

What are your favorite subjects in school? _____

What are your hobbies? _____

Would you be interested in being a member of a teen advisory panel to help the Tivoli create new programs and activities for teens? YES _____ NO _____ MAYBE _____

Thank YOU for your interest!

Applicant Signature _____

Parent/guardian Signature _____

If volunteer is a minor under 18 years of age



PARENTAL PERMISSION FORM

I, _____, hereby acknowledge and give
(Print Name of Parent/Legal Guardian)

Permission for my son/daughter, _____ to participate
(Print Name of student)

in the Teen Volunteer Program at the Historic Tivoli Theater.

(Signature of Parent/Legal Guardian)

(Date)

PLEASE RETURN THIS FORM, ALONG WITH THE VOLUNTEER APPLICATION
TO THE HISTORIC TIVOLI THEATRE.

Updated 3/17/2013