

Viquesney Volunteer Application

Historic Tivoli Theater
PO Box 408, 24 N Washington St, Spencer, IN 47460
director@spencertivoli.org



Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Home/Cell Phone	
E-Mail Address	

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. Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, ZIP Code	
Phone	

Guardian Information if under 18 years of age

Name	
Street Address	
City, ST, ZIP Code	
Phone	

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.

Volunteer Name (printed)	
Signature	
Guardian 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. Applicants are subject to a background check.

By completing this application your name and email will be added to our weekly volunteer list. You can respond to the email to register for a shift or use our track it forward online program.

Volunteers report at least 1 hour before shifts and are required to follow the Tivoli Code of Conduct.

Thank you for completing this application form and for your interest in volunteering with us.