



Viquesney Volunteer Application  
Historic Tivoli Theatre

24 N. Washington Street \* Spencer, IN 47460 \* volunteers@spencertivoli.org

### Contact Information

Name	
Street Address	
City State Zip Code	
Preferred Phone	
E-Mail Address	
Birthdate <i>(under 18 only)</i>	

### Emergency Contact

Name	
Best Phone Number	

### References

Name and Phone Number	
Name and Phone Number	

### 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. [Under 18 requires parent signature]

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.