



Volunteer Application Form

Personal Details

Name		
Address		
Postcode		
Email Address		Preferred No. Please (tick)
Home		
Mobile		

Emergency Contact Details

Name		
Phone Numbers (please supply two)		
What is their relationship to you?		

Availability

Now and again we may call you to see if you are available to volunteer last minute. This information will be used to help us do this more efficiently.

Are you happy for us to call you last minute for shows? *(Please circle)* **YES NO**

Are there any days you are never available?								
What are your preferred days/evenings to volunteer? <i>Please circle</i>	Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Eve	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Up to how many shifts are you available on monthly basis?

1 2 3 More than 3

Information

Where did you hear about volunteering at The Dukes?

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Why do you want to become a volunteer at The Dukes?

Have you ever volunteered before? Please give details of your previous or current voluntary commitments.

If you consider yourself to have a medical condition or are taking any prescribed medicine that you feel the theatre should know about for Health and Safety reasons please give brief details below, for example Diabetes, Severe nut allergies etc.

Please detail below or come and speak to me about anything that you think we may need to know or that may affect your ability to Steward.

This document is highly confidential. Information on this form will only be disclosed to a medical professional should you need medical assistance whilst on duty.

Volunteer Agreement

I can confirm that I am over the age of 18* & I understand I will need to undertake training shifts. As soon as training has been completed, I will be free to volunteer on my own, as much or as little as I want, so long as I steward twice in a 6 week period.

Signed: _____

Date: _____