

Georgetown Globe Productions Volunteer Application

Contact Information:

Name			
Email			
Home Phone		Cell Phone	
Address			
Address 2			
Town/City		Postal Code	

Why would you like to volunteer?

Describe any leadership or supervision experience you have with children.

Describe your music theatre or arts experiences and training.

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Certification and Skills:

Please check all qualifications and training course that apply to you:

Y/N	Certification and/or Skill	Certification Date (DD/MM/YYYY)
	Emergency First Aid	
	Standard First Aid	
	CPR	Indicate Level:
	Babysitting Course	
	Other:	
	Other:	

Reference Contact:

Please provide the names and phone numbers of two separate references. Please note that family members and/or peer friends are not acceptable reference sources. All references must be 18 years of age or older.

Name of Reference			
Relationship to Applicant			
Email			
Phone #1		Phone #2	

Name of Reference			
Relationship to Applicant			
Email			
Phone #1		Phone #2	

Emergency Contact:

Please provide the names and phone numbers of individuals who can be reached in case of an emergency while you are volunteering with us.

Name			
Relationship			
Phone #1		Phone #2	

Name			
Relationship			
Phone #1		Phone #2	