* VOLUNTEER APPLICATION * CHILDREN'S COMMUNITY THEATRE



| Name | Date | |
|---|------------------------|--|
| Address | | |
| How do you want the Directo | r & FRCC&M staff to s | stay in touch with you? (Complete all applicable) |
| Cell # | Home # | Work # |
| Email | | |
| Note about the best way to s | tay in touch | |
| How do you feel CCT would I | oenefit from your invo | Ivement as a Volunteer? |
| | | |
| Please list your experience w | rith volunteer service | with approximate dates of your involvement: |
| | | |
| Do you happen to (mark al | l applicable) 🖵 Sew (| or Quilt? □ Do Calligraphy? □ Like Yard Sales? |
| ☐ Work in the Technology Fiel | d? ☐ Have training/e | xperience in Theater? □ Dance? □ Music? |
| Have you ever been convicte Have you ever been convicte | _ | children? Yes □ No □ fraud or the theft of money? Yes □ No □ |
| Please list two references of | individuals who could | recommend you for volunteer service: |
| Name | | Phone |
| Name | | Phone |
| | | |
| Applicant signature | | Date |

Return completed/signed application & completed background check form to programs@4rcc.com