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## DISTRICT THEATRE VOLUNTEER INFORMATION

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**Volunteer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Cell Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Proposed Area of Volunteerism:**

\_\_\_\_\_

**Pertinent experience:** \_\_\_\_\_

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\_\_\_\_\_

**Criminal Records Check completed:** \_\_\_\_\_

**District Theatre Associate Manager's Approval:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_