



CASTLEFORD PHOENIX THEATRE

VOLUNTEER APPLICATION FORM

TITLE	FIRST NAME(S)	LAST NAME
AGE	D.O.B.	

ADDRESS

.....

.....POSTCODE

CONTACT DETAILS

HOME: MOBILE:

EMAIL:

WHY DO YOU WANT TO BE A PHOENIX VOLUNTEER

.....

.....

.....

PREVIOUS EXPERIENCE AND SKILLS

.....

.....

.....

AVAILABILITY: please indicate when you would prefer to volunteer

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

ACCESS OR SUPPORT REQUIREMENTS (e.g. Large print, wheelchair access etc)

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.....
.....

Disclosing your disability - It's up to you whether you want to disclose your disability or not. But telling us gives us an opportunity to look at ways to support you to carry out your volunteering role more confidently and safely. Disclosing your disability is also a great way to help raise our awareness and understanding of how to involve disabled people as volunteers.

Do you hold a full current driving licence **Yes** **No**
How will you be travelling to the theatre **Car/Motorcycle** **Public Transport** **Bicycle** **Walk**

Have you ever been convicted of a criminal offence? YES NO
if yes, please give full details on a separate sheet.

You need not include convictions which are 'spent' under the Rehabilitation of Offenders Act 1974,
Do you consent to a Disclosure & Barring Service check YES NO

REFEREES Please give details of two referees (Unless otherwise requested referees will be contacted before the interview)

1. Name	2. Name
Position	Position
Address	Address
Post Code	Post Code
Tel No	Tel No
Email	Email

This application will be treated in the strictest confidence. The Theatre reserves the right to verify claims made in this application.

I certify that the contents of this application are, to the best of my knowledge and belief, a true statement.

Any false statement or withholding of relevant information may result in dismissal or the withdrawal of an offer of volunteering.

Signature of applicant.....

Date.....

Official Use Only

Accepted

Rejected