



Gemini Theater, Volunteer Application

Contact Information

Name of Volunteer	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	
E-Mail Address	

Availability

During which hours are you available for assignments?

- | | |
|--------------------|--------------------|
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Program Ad Sales
- Telemarketing
- Fundraising
- Production; Indicate specific areas of interest: _____
- Data Entry
- Volunteer Coordination
- Other; Specify: _____

Special Skills / Qualifications / Clearances

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please indicate whether you have "Pennsylvania Child Abuse History" and/or "Pennsylvania Criminal Record Check" Clearances.

Previous Experience

Summarize your previous experience in the area you are interested in volunteering.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please attach the following information to this form:

1. Copy of "Pennsylvania Child Abuse Clearance" (18 yrs & older)
2. Copy of "Pennsylvania Criminal Record Check" (18 yrs & older)
3. Resume (if applicable)