



510 Main Street, Clifton Forge, VA 24422

540-862-5655 info@historicmasonictheatre.com

Volunteer Enrollment Form

Welcome! Thank you for your time and interest in becoming a Historic Masonic Theatre and Amphitheatre volunteer. The information below will help us find you the best fit based on your interests.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (office): _____ (cell): _____

Contact in emergency: _____ Phone: _____

Primary E-mail: _____

II. Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Working one-on-one | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Working with Groups |
| <input type="checkbox"/> Helping around the office in general administrative duties | <input type="checkbox"/> Doing public speaking, fundraising, etc. |
| <input type="checkbox"/> Doing research, training or an individual project | <input type="checkbox"/> Working occasionally on group projects |
| <input type="checkbox"/> Other: _____ | |

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Children | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Males | <input type="checkbox"/> Females |
| <input type="checkbox"/> Other: _____ | | |

3. Are there any groups with which you would not feel comfortable working?

- No Yes: _____

III. Availability

1. At what times are you interested in volunteering?

- Am flexible Prefer weekdays Prefer evenings
 Prefer weekends Prefer days Other:

2. Do you have a geographic preference as to where you do volunteer work?

- No Yes:

3. Do you have access to an automobile you can use for volunteer work?

- Yes No

IV. Background Verification

1. Have you ever been convicted of a criminal offense?

- F-I Yes No

2. Have you ever been charged with neglect, abuse, or assault?

- Yes No

3. Has your driver's license every been suspended or revoked in any state?

- F-I Yes No

4. Do you use illegal drugs?

- Yes No

5- Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- Yes No

6. Please list two non-family references whom we might contact:

a. _____ Phone: _____

b. _____ Phone: _____

7. How did you hear about us?

- Saw job description Saw advertisement Volunteer Center
 From client of agency Referred by friend/volunteer From agency/school
 Other: _____

Thank you for your willingness to help! Please scan and email, snail mail, or return in person once completed (email and snail mail addresses at the top of form). Our volunteer coordinator will contact you soon to discuss all the different volunteer options available based on the information you have provided. **We are grateful for your generosity!**