

VOLUNTEER APPLICATION

Date _____

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

Email _____

If you require any special accommodations to be an effective volunteer, please explain: _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone (____) _____ Relationship to you _____

RESIDENCE INFORMATION

Are you a seasonal resident? No Yes – months in Ogunquit area _____ to _____

If yes, Out of Town Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

BACKGROUND

Have you ever been arrested? Yes No

If yes, what were the charges? _____

Have you ever been convicted of any crime? Yes No

If yes, what were the charges? _____

Are there any charges pending against you at this time? Yes No

Are you restricted by law or court decree from being in the vicinity of children? Yes No

EDUCATION

High School Freshman Sophomore Junior Senior

College Freshman Sophomore Junior Senior Major _____

Other Masters Ph.D.

List any other relevant training or education: _____

Are you currently enrolled as a student? Yes – name of school _____ No

In the event of an emergency, indicate that you will authorize the above information may be shared. Yes No

EMPLOYMENT

Are you currently employed? Yes No

Employer _____ Job Title _____

Describe any other work experience: _____

If retired, what type of work did you do? _____

VOLUNTEER SERVICE

Do you currently volunteer anywhere? Yes No

If yes, where and what are your job duties? _____

Have you volunteered in the past? Yes No

If yes, where and what were your job duties? _____

How did you hear about the volunteer opportunities at the Ogunquit Playhouse? _____

RELATED EXPERIENCE

What are your interests/hobbies/skills? _____

Do you speak another language other than English? Yes – I speak _____ No

AVAILABILITY

What day or days would you be available?

Tuesday Wednesday Thursday Friday Saturday

Which would you prefer? Mornings Afternoons Weekends

Indicate the number of hours you would generally be available per week: _____

AREAS OF INTEREST

Review the Volunteer Opportunities below and list three areas of service which interest you in order of preference.

1. _____ 2. _____ 3. _____

Volunteer Opportunities

- Will Call Attendant
- Concession Sales
- Parking Attendant
- Special/Sponsor Events
- Assisted Hearing Device Kiosk
- Kiosk Sales
- Usher
- Children's Theatre
- Production/Stage Help
- Administrative

Please mail your application to:

Ogunquit Playhouse
Attn: Volunteers
PO Box 1510
Ogunquit, ME 03907

John Lane's
OGUNQUIT PLAYHOUSE

EMERGENCY CONTACT INFORMATION

Please print and complete all fields.

EMERGENCY CONTACT INFORMATION

Volunteer Name _____

Emergency Contact Name _____

Relationship _____

Phone () _____ Cell Phone () _____

Address _____

City _____ State _____ Zip _____

PHYSICIAN INFORMATION

Doctor Name _____

Phone () _____

ALLERGIES

Please list any allergies: _____

HEALTH ISSUES

Please list specific health issues that may be important for us to know _____

AUTHORIZATION

In the event of an emergency, indicate that you will authorize the above information may be shared. Yes No

Signature

Date