

Blackpool Grand Theatre is committed to the development of positive policies to promote equal opportunities regardless of sex, marital status, colour, race, ethnic origin, age, disability, sexual orientation or responsibilities to dependants.

PERSONAL DETAILS

Surname:	Mr/Mrs/Miss /Ms
Forename(s):	
Address:	
Post Code:	

Telephone (Daytime)	Email: Most communication will be via email. If you do not have an email address, we will contact you by phone.
Telephone (Evening)	
Telephone (Mobile)	

Name of emergency contact / Next of kin:
--

Contact number:	Relationship to you:
-----------------	----------------------

Have you had any Health & Safety Training? If so, please specify.

How did you hear about volunteering at the Grand Theatre?

What attracted you to the opportunity? What do you hope to gain from the experience?

Have you ever been convicted of a criminal offence (under the Rehabilitation of Offenders Act 1974)? Yes No

(if yes, please give details)

.....
.....

Please indicate the area(s) you are specifically interested in volunteering for:

- Assisting Front of House during performances and events
- Coffee bar
- Mailing team

What skills and experience do you have which may be relevant to these volunteer roles?

.....
.....
.....
.....
.....
.....

(if applicable, please use separate sheet and attach to this application)

AVAILABILITY

Please indicate your availability for volunteering by filling in the table below. It would be helpful if you are able to include specific time slots but if this is difficult you can just tick the relevant boxes.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
After-noon							
Evening							

REFERENCES

Please provide details of two people who have known you for two years who we may contact to request a character reference. Referees should be over the age of 18 and must not be related to you.

1. NAME		How do you know this person?
ADDRESS		
TEL NO.		
2. NAME		How do you know this person?
ADDRESS		
TEL NO.		

I authorise the Blackpool Grand Theatre to obtain references to support this application and release the Blackpool Grand Theatre and the referees from any liability caused by giving and receiving information.

DECLARATION

I confirm that the information provided on this volunteer registration form is complete and true

Signature of Applicant: 	Date:
--	----------------------

Please forward completed application form to:

**Front of House Manager
Grand Theatre
33 Church Street
Blackpool, Lancashire
FY1 1HT**

For office use:				
Date Received	To co-ordinator	Induction	H&S	Team leader