

Adult Volunteer Application

OverActing Imaginations Youth Theatre Society

Name: _____

Address: _____

Postal Code: _____

Telephone: Home: _____ Work: _____

Fax: _____ Email: _____

Please tell us what interests you about working with OverActing Imaginations:

Why would you make a good adult volunteer?

Please tell us about your education/training:

Related experience (either volunteer or employment):

What kind of projects or activities would you like to be involved with as a Youth Council Adult Volunteer/Youth Worker?

How many hours per week or per month would you like to volunteer?
___ per week ___ per month

Please indicate which days/times you may be available - please indicate
D – daytime, and/or E – evening.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

Special skills, interests or hobbies
(presentation skills, drama, leadership activities, recreational activities, etc.):

Please provide the names of three references
(at least one of these must be a “professional” reference).

1. Name: _____ Phone: _____

Length of Time known: _____ Relationship to you: _____

2. Name: _____ Phone: _____

Length of Time known: _____ Relationship to you: _____

3. Name: _____ Phone: _____

Length of Time known: _____ Relationship to you: _____

Additional comments or things we should know about you:

Signature of Applicant _____ Date _____