West Cliff Theatre Volunteer Application Form

Please tell us about yourself by completing the form below.

Personal Details

Surname:		
First Name(s):		
Address:		
Postcode:		
Home telephone number:		
Mobile:		
Email:		
I am over 18:	Yes	No
I am legally entitled to volunteer in the UK:	Yes	No

How did you find out about volunteering at the West Cliff Theatre:
I am interested in volunteering because:
I have the following skills and/or experience:

Please tick your areas of interest:

- ☐ Back Stage Crew Member
- ☐ Front of House Manager/Duty Manager
- ☐ Front of House Usher/Kiosk Sales
- ☐ Marketing/Publicity/Fundraising
- ☐ Maintenance
- ☐ Stage Management
- ☐ Sound and Lighting
- ☐ Other (please write below)

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PLEASE TURN OVER →

Please outline your preferred day(s) and availability:

Weekdays Weekends Evenings

Details:

Please provide details of any health conditions or access requirements you consider relevant to volunteering at the West Cliff Theatre e.g. allergies, medication

Please list any criminal convictions other than "spent" convictions. If none, state "none." The information provided will be confidential and will be considered only in relation to your application to volunteer at the West Cliff Theatre.

I declare that the information I have given in this application is, to the best of my knowledge and belief, true and correct.

Signature _____ Date_____

Please return your completed form to the theatre:

- admin@westcliffclacton.org
- at our box office during opening hours
- West Cliff Theatre, Tower Road, Clacton, CO15 1LE

We look forward to hearing from you.