Crown Wharf Theatre Application Form

Private & Confidential

Thank you for your interest in volunteering with The Crown Wharf Theatre. We are a volunteer-led organisation, and there are so many ways to get involved.

This form gives us information about your experience, interests, and availability. Please complete this and send to volunteers@crownwharftheatre.org.uk.

If successful, you will be invited to one of our recruitment sessions in the coming months. If you have any questions, please do not hesitate to get in touch.

Contact Details

Title Mr. / Mrs. / Miss. / Ms. / Other

Surname:
……
……

First name:
……
……..

Preferred name*:* ……
(if different to above)

Pronouns……..

Age. [16-18] [18-24] [25 -34] [35-43] [44-54] [55-64] [65+]

Telephone: ……

Mobile: ……

Email Address: ……

Preferred method of contact……

Areas of Interest

Please mark X to indicate which volunteer roles are of interest to you. Please also note the minimum time commitment required for each role below. If you would like to volunteer across multiple departments then please indicate, and time commitment can be discussed later.

Front of House *2x shifts per month*		**Technical**	**In-house Technician** *Ad hoc- 4 shifts per year*	
Box Office *2x shifts per month*			**Duty Technical Supervisor** *2x shifts per month &* *4x week long shifts per year*	
Comedy *3x shifts per year*		**Cinema**	**Front of House** *1x screening per month*	
Other			**Technical** *1x screening per month*	
(If Other please specify)				

When would you like to volunteer?

Please give us a general indication of days of the week and times you would be available to volunteer by marking X in the appropriate boxes:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M (9:00am- 1:00pm)							
P.M (1:00- 5:00pm)							
Evening (6:00- 11:00pm)							
Please feel free to specify your own times here:							

Feel free to tell us anything further about your availability you think would be useful to know i.e. you work shifts so would have changing availability.

Training

Please tell us about any training or licensing that you have which you think may be relevant to your role(s) of interest alongside what training you would be happy to get involved with moving forwards.

Training	**Already Qualified** *(Y/N)*	**Interested in getting qualified** *(Y/N)*
First Aid *If Y please provide details of training received & expiry dates where possible*		
DBS Checked *If Y please provide expiry dates where possible*		
Chaperone License *If Y please provide details incl. expiry dates where possible*		
Other *Let us know about any other relevant training you may have!*		

About you

Tell us a bit about yourself including any hobbies and interests? (150 words max)

Tell us why you'd like to become a CWT volunteer? (150 words max)

What experience do you have that could be useful in your role as a volunteer? (150 words max) *Remember this doesn't have to be theatre related!*

Please let us know about any required access or additional support you would like us to be aware of.

Emergency Contact Details	
Name	
Contact number(s)	
Relationship to you	

Unspent Criminal Convictions
We may need to ask you about any unspent convictions as part of our duty of care. A criminal conviction will not necessarily prevent you from becoming a volunteer; the decision will depend on the type of offence and its relevance to the volunteering role. If you would like to discuss any convictions you may have, please contact volunteers@crownwharftheatre.org.uk. All information will be dealt with confidentially.

I confirm that the information given on this form is correct and complete and that any misleading information will be sufficient for withdrawal of any offer of voluntary work. Thank you for completing this form. We will be in touch shortly to discuss progress with your application.

Signature……

Date……

If under 18 years old, please ask you parent/guardian to read and complete the following:

I am aware the named volunteer above has applied to become a volunteer at the Crown Wharf Theatre for the role(s) stated above.

I can confirm:

- *The young person named above is over 16 years old*
- *I am the parent/guardian of the named young person*
- *I give my consent for them to become a volunteer at Crown Wharf Theatre, if successful*

Signed: ……

Name of Parent/Guardian: ……

Date: ……

Contact number: ……

Email: ……