



VOLUNTEER APPLICATION

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Birthday: _____ Email: _____

Why do you want to volunteer at the Florida Theatre?

Are you able to climb stairs and stand for long periods of time?

With what other organizations do you volunteer?

Please list any special skills or talents you would like us to be aware of:

How did you hear about our volunteer program? Please list who referred you if applicable.

CONFIDENTIAL BACKGROUND INVESTIGATION AUTHORITY

By checking this box and submitting this form, I certify that the information herein is complete and correct and I hereby authorize **The Florida Theatre Performing Arts Center, Inc.** or its agent to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from furnishing said information. Additionally, I hereby authorize any investigation of my personal history, including, but not limited to driving history, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY AND FILL IN ALL SECTIONS FOR YOUR APPLICATION TO BE PROCESSED

First Name: _____ Middle Name: _____ Last Name: _____

SSN: _____ - _____ - _____ Other Names or SSN Used: _____

Current Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Phone: _____ DOB: ____/____/____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES, show details including date, charge, county, and disposition.

Date: ____/____/____



FOR FLORIDA THEATRE USE ONLY

Date Background Check Approved: _____

APPLICATION APPROVED

APPLICATION DENIED

Date Started: _____

Reason for Denial: _____