

RIALTO SQUARE THEATRE VOLUNTEER ORGANIZATION
Joliet, Illinois

APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-Mail Address _____

Are you at least 16 years of age? _____ Birth date (year optional) _____

Are you currently attending school? _____ Year in School _____

Name of School _____

Name of Employer _____

Occupation _____

Employer Phone # _____

In case of illness/emergency please contact _____

Spouse _____ Child _____ Friend _____ Other _____ Phone # _____

Do you have any volunteer experience? _____

If so, with what organization(s)? _____

What did you do as a volunteer for this/these organization(s)? _____

Do you have any physical limitations that would prevent you from standing unassisted for an extended length of time or climbing stairs? _____

Do you have any of the following skills?

Computer/Data Entry _____ Clerical _____ Cashier _____ Sales Experience _____

Bi-Lingual _____ Language(s) _____

Other special skills (please explain) _____

How did you hear about Volunteering at the Rialto Square Theatre? _____

Why do you want to become a Rialto Square Theatre Volunteer? _____

What are your expectations from this organization? _____

Do you know a current or past Rialto Square Theatre Volunteer? _____ If yes, what is his/her name? _____

Were you referred by a current Rialto Square Theatre Volunteer? _____ If yes, what is his/her name? _____

Tell us a little bit about yourself (i.e. strengths, weaknesses, hobbies, interests, etc.)

Do you agree to comply with all policies, by-laws, instructions, etc. as set up within this organization? _____

The Authority Board, the Foundation Board, the Rialto Square Theatre Volunteer Board of Directors, the Volunteer Recruitment & Retention Team and the Rialto Staff appreciate your willingness to become a part of the Volunteer Organization. However, safety is our number one priority. Therefore, if at any time any of the above listed entities become aware that your safety, the safety of the patrons, the safety of the Theatre and/or the safety of fellow Volunteers would be compromised, your Volunteer membership may be revoked.

REFERENCES
(Please do not list relatives as references)

1. Name _____
Occupation _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____

2. Name _____
Occupation _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____

3. Name _____
Occupation _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____



I hereby authorize persons, schools, my current employer, previous employers, and organizations named in this reference to provide the Rialto Square Theatre with any relevant information regarding my becoming a volunteer. I release all such persons from any liability regarding the provision or use of such information.

Signature _____ Date _____