SHOW CORPS		Please send completed application to: The Grand's Show Corps Office 818 N. Market Street Wilmington, DE 19801 Fax: (302) 652-5346 / Phone: (302) 658-7897		
Volunteer App	Dication Form	See our website for more information: TheGrandWilmington.org/About/Volunteer		
CONTACT INFORMA	TION			
Name:			Date of	f Application:
City:				_ ZIP:
Phone numbers:	Home			
	Work			
	Cell			
E-mail address				
BACKGROUND				
Have you been con	victed of a felony wit	thin the past five	e years?	Yes 🗅 No
lf yes, please	e explain:			
Date of Birth:		,		
Do you work? 🗖 Ye	es 🗅 No If yes, wher	re?		
Have you done othe	er volunteer work?	Yes 🗆 No If	yes, where	?
How did you hear a	bout The Grand's Sho	ow Corps?		
Please list any physic	cal restrictions to your	r activities (limite	ed mobility	, standing for long periods of
time, difficulty climb	ing stairs, etc.):			
In case of emergen	cy, please contact:			
Name:		Re	elationship:	
Phone number: Denter Work Cell				me 🗖 Work 🗖 Cell
VERIFICATION				
By submitting this ap	plication, I affirm tha	t the facts set fo	orth in it are	e true and complete. I
understand that if I a	am accepted as a vo	olunteer, any fa	lse stateme	ents, omissions, or other
misrepresentations r	nade by me on this a	application may	result in m	y immediate dismissal.

Signature:_____ Date:_____