THE GRAND MARSHALS Volunteer Application Form

Please complete both sides of application and return to: The Grand, 818 N. Market Street, Wilmington, DE 19801 or fax: (302) 652-5346

For more information: (302) 658-7897 or TheGrandWilmington.org/About/Volunteer

CONTACT INFORMATION

| Name: | | Date of Application: | | |
|------------------------|-------------------------|---------------------------------------|--|--|
| Address: | | | | |
| | | | ZIP: | |
| Phone numbers: | Home | | | |
| | Work | | | |
| | Cell | | | |
| E-mail address | | | | |
| BACKGROUND | | | | |
| Have you been co | nvicted of a felony | y within the past five ye | ears? 🗆 Yes 🗅 No | |
| - | _ | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| Date of Birth: | | | | |
| Are you a student? | Yes • No If | yes, what school? | | |
| Grade/Year: | | Major: | | |
| Do you work? □ Y | es 🗖 No If yes, w | vhere? | | |
| Are you required to | do volunteer hou | ırs? □ Yes □ No | | |
| If yes, for what? | | | | |
| How many hours?_ | | When must you com | plete the hours by? | |
| | | | where? | |
| What did you do?_ | | | | |
| | | | | |
| POSITION OF INTERE | EST | | | |
| □ Tour Docent □ | Arts Academy Liais | son □ Receptionist □ | Office Assistant | |
| How did you hear a | about this opportu | nity? | | |
| | | | | |
| Why do you want t | o volunteer at The | Grand? | | |
| | | | | |
| Please list any hobb | oies, skills, or specia | al training relevant to th | ne position: | |
| | | | | |
| | | | | |
| Please list any phys | ical restrictions to y | your activities (limited r | mobility, standing for long periods of | |
| time, difficulty climi | oing stairs, etc.): | | | |
| | | | | |

| Please indicate the hours you | are available: | | | |
|--|--|--------------------------------------|--|--|
| Monday | Thursday_ | - | | |
| Tuesday | Friday | | | |
| Wednesday | Weekends | <u> </u> | | |
| Please provide 3 personal or p | professional references: | | | |
| Name | Phone | Relationship | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| In case of emergency, please | contact | | | |
| | | ship: | | |
| | Kelations | | | |
| FIIOTIE HUITIDEL. | | Thome work week | | |
| MAILING LIST AND E-MAILS | | | | |
| We would like to welcome yo | u to The Grand family and keep y | you informed of special events, | | |
| performances, and opportuni | ties to participate in the arts. | | | |
| | not want to be added to The G | rand's mailing list. | | |
| _ | not want to be added to The G | _ | | |
| | _ | | | |
| PHOTO/VIDEO RELEASE | | | | |
| The Grand may use volunteer | photographs and/or videos in ele | ectronic, print, or multimedia | | |
| materials for promotional and | or informational purposes. Occa | asionally, we are also asked to | | |
| provide pictures to news med | ia, funders, or other outside partie | es. Personal identification will not | | |
| be published on the internet. | | | | |
| | | | | |
| I hereby give The Grand Opera House and their legal representatives and assigns, the right and | | | | |
| permission to publish, without charge, any photographs and/or videos taken of me while | | | | |
| working as a volunteer. | | | | |
| gnature: Date: | | | | |
| - | | | | |
| VERIFICATION | | | | |
| By submitting this application, | I affirm that the facts set forth in i | it are true and complete. I | | |
| understand that if I am accep | ted as a volunteer, any false stat | ements, omissions, or other | | |
| misrepresentations made by r | ne on this application may result | in my immediate dismissal. | | |
| ignature: Date: | | | | |