



Volunteer Application

Please return completed application to: Volunteers, The Children's Theatre of Cincinnati, 4015 Red Bank Road, Cincinnati, OH 45227

Last Name: _____

First Name: _____

Middle Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you at least 18 years of age? Yes No

How were you referred to The Children's Theatre of Cincinnati?

Advertisement Employee Volunteer Website Program Other

If other, how did you hear about us?

If you would be working with children in your capacity as a volunteer a background check would be required.

If accepted into the Volunteer Program, do you have reliable transportation? Yes No

Have you volunteered for The Children's Theatre of Cincinnati before? Yes No

Employed Unemployed Retired Student Other

Employer _____

Your Title _____

Work Address _____

City, State Zip _____

Work Phone _____

My employer offers a donation matching program Yes No

Send employer a letter of thanks for your volunteer contribution Yes No

Send letter to the attention of: _____

Check all skills in which you are proficient/interested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Research |
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> Copywriting | <input type="checkbox"/> Painting | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other |

Other _____

Please list any specialized training, certifications, licenses, foreign languages, etc.

Please list any extra-curricular activities, clubs, volunteer work, hobbies, etc.

Why are you interested in volunteering at The Children's Theatre of Cincinnati?

What do you expect to gain from your commitment as a volunteer at The Children's Theatre of Cincinnati? _____

Date you are available to start: _____

I certify that the information given in the volunteer application is true and correct, and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the organization from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer for The Children's Theatre of Cincinnati.

Signed

Date