



128 East Forsyth Street
Jacksonville, FL 32202

904-562-5960

904.358.1874 fax

ushers@floridatheatre.com

VOLUNTEER USHER INFORMATION FORM

(Please print clearly)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Work: _____ Cell: _____

EMAIL: _____

Would you like to receive the calendar by mail or email? _____

Place of Employment: _____

Does your employer give credit for volunteer hours? Yes ____ No ____

Does your company match employer contributions? Yes ____ No ____

If Yes, Cash Gifts Only ____ Volunteer Hours ____ Both ____

Times available for volunteer work (Please check all that apply):

	Mornings	Afternoons	Evenings
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Why do you want to volunteer at the Florida Theatre?

What do you hope to get out of your volunteer experience at the Florida Theatre?

With what other organizations do you volunteer?

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

Please provide us with the names and telephone numbers of:

(1) professional and (1) personal reference:

How did you hear about our volunteer program?

Date Started: _____



128 East Forsyth Street
Jacksonville, FL 32202

904-562-5960

904.358.1874 fax

ushers@floridatheatre.com

CONFIDENTIAL BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize **The Florida Theatre Performing Arts Center, Inc.** or its agent, SINGLESOURCE SERVICES CORPORATION, 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

Full Name: _____ SSN: _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

**DOB is optional and is only used for identification purposes in screening inquiries*

LIST YOUR PREVIOUS TWO ADDRESSES IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN 7 YEARS:

Street Address City State Zip DATES: _____ - _____
from to

Street Address City State Zip DATES: _____ - _____
from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

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

Signature: _____

DATE: ____/____/____



128 East Forsyth Street
Jacksonville, FL 32202

904-562-5960

904.358.1874 fax

ushers@floridatheatre.com

For Florida Theatre Office Use ONLY

Please log in to www.singlesourceservices.com to enter subject for screening(s).
SingleSource Services 1-800-713-3412

Client Reference: _____

Date Requested: _____

Rev022508nf