



128 East Forsyth Street
Jacksonville, FL 32202
904.562.5964 or 904.562.5960
Ushers @floridatheatre.com

VOLUNTEER APPLICATION

(Please print clearly)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Work: _____ Cell: _____

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

Are you able to climb stairs?

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?



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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 Address _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ DOB: ____/____/____

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, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse

Signature: _____

DATE: ____/____/____



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FOR FLORIDA THEATRE USE ONLY

DATE BACKGROUND CHECK APPROVED: _____

APPLICATION APPROVED

APPLICATION DENIED

DATE STARTED: _____

REASON FOR DENIAL: _____