



128 East Forsyth Street
Jacksonville, FL 32202

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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 you 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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FOR FLORIDA THEATRE USE ONLY

DATE BACKGROUND CHECK APPROVED: _____

APPLICATION APPROVED

APPLICATION DENIED

DATE STARTED: _____

REASON FOR DENIAL: _____