TEMORA TOWN HALL THEATRE
VOLUNTEER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

NEXT OF KIN: _____ PHONE: _____

DOB: _____ SHIRT SIZE: _____

WORKING WITH CHILDREN CHECK NUMBER: _____
(Apply on the Service NSW website)

PREFERRED DAYS (PLEASE CIRCLE):

MON	TUES	WED	THUR	FRI	SAT	SUN
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

PREFERRED POSITION (PLEASE CIRCLE):

SUPERVISOR *KIOSK/POPCORN ATTENDANT* *USHER* *PROJECTIONIST*

Please sign and date below to state that you have read and understood 'Your Responsibilities', Evacuation and Emergency Procedures and General Code of Conduct contained in the Town Hall Theatre Volunteer Training Handbook.

_____ _____

Signature: Date: