

The Carnegie Theatre Trust (Workington) is committed to the development of positive policies to promote equal opportunities regardless of sex, marital status, colour, race, ethnic origin, age, disability, sexual orientation or responsibilities to dependants.

Personal Details:

Surname:	Mr/Mrs/Miss/Ms
Forename(s):	
Address:	
Post Code:	

Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Daytime)	Membership Number:		
Telephone (Evening)	Email:		
Telephone (Mobile)	Please note: Most communication will be via email. If you do not have an email address we will contact you by phone.		

Name of emergency contact / Next of kin:	
Contact number:	Relationship to you:

Have you had any Health & Safety Training? If so, please specify.

How did you hear about volunteering at the Carnegie?

What attracted you to the opportunity? What do you hope to gain from the experience?

Are you currently receiving any medical treatment? Yes No

Have you ever sought medical advice for problems associated with your back? Yes No

Do you have any disability or illness, which may require workplace adjustments? Yes No

If you answered yes to any of the above questions, please give details

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(if applicable, please use separate sheet and attach to this application)

Have you ever been convicted of a criminal offence (under the Rehabilitation of Offenders Act 1974)? Yes No

(if yes, please give details)

Please indicate the area(s) you are specifically interested in volunteering for:

Assisting Front of House during performances and events

Box Office

- Promotions
- Fundraising

What skills and experience do you have which may be relevant to these volunteer roles?

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(if applicable, please use separate sheet and attach to this application)

Please indicate your availability for volunteering by filling in the table below. It would be helpful if you are able to include specific time slots but if this is difficult you can just tick the relevant boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References: Please provide details of two people who have known you for two years who we may contact to request a character reference. Referees should be over the age of 18 and must not be related to you.

1. NAME		How do you know this person?
ADDRESS		
TELEPHONE		
2. NAME		How do you know this person?
ADDRESS		
TELEPHONE		

I authorise Carnegie Theatre Trust to obtain references to support this application and release the Trust and the referees from any liability caused by giving and receiving information.

DECLARATION:

I confirm that the information provided on this volunteer registration form is complete and true

Signature of Applicant:	Date:
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Please forward completed application form to:
The Carnegie Theatre & Arts Centre
Finkle Street, Workington
Cumbria, CA14 2BD