



DATE OF APPLICATION: _____

118 Hillsboro Ave., P.O. Box 407
Edwardsville, IL 62025-0407

WILDEY THEATRE VOLUNTEER APPLICATION

Application must be completed in full. Any misrepresentation or falsification, intentional or unintentional, of information on this application may result in denial of request to volunteer.

CONTACT INFORMATION

Name: _____ Email Address: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ Alternate Telephone #: _____

Emergency Contact Name & Phone #: _____

Referred by: _____

AVAILABILITY

The majority of events at the Wildey Theatre will be held Thursdays through Sundays. However, please provide your general availability to volunteer for each day of the week in the event that volunteers are needed outside of the regular Thursday through Sunday programs.

Please place an "X" for the days/times that you are generally AVAILABLE to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days							
Evenings							

AREAS OF INTEREST

Please check all areas in which you are interested in volunteering. Please note that all volunteers may be asked to work any area if needed.

- Usher
 Office Assistant / Marketing
 Tour Guide
 Receptionist

ADDITIONAL INFORMATION *(Please include prior work or volunteer experience in a theater environment. Please also include any limitations that you have that may affect your ability to perform some of the volunteer tasks so that accommodations can be made when possible (i.e. can't stand for an extended period of time, can't climb stairs, can't see well in low levels of light, etc.):* _____

AGREEMENT AND SIGNATURE

Please read each section carefully.

CERTIFICATION OF TRUTH AND ACCURACY

By submitting this application, I affirm that the facts set forth in it are true, complete and correct. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my ineligibility to be scheduled for future events.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I will be subject to a background check and hereby authorize the City of Edwardsville to investigate my background, whether the records are of a public, private, criminal, internal or confidential nature, to determine any and all information of concern as to my record, whether same is of record or not. This policy applies to all volunteer applicants, regardless of personal or professional history with the Wildey Theatre or any other local organization. All volunteer opportunities are contingent upon satisfactory results of the background check.

By signature below, I agree to abide by the Wildey Theatre and City of Edwardsville Guidelines and Policies, and I will attend all volunteer training sessions as required.

Signature: _____ **Date:** _____

***Please provide a copy of your Driver's License with this application.
This will be used as part of the background screening process.***

*Completed applications and a copy of your driver's license may be dropped off on the 2nd floor of City Hall
or mailed, faxed or emailed to:*

City of Edwardsville
Attn: Human Resources
118 Hillsboro Avenue
Edwardsville, IL 62025
618.692.2410 fax
Email: humanresources@cityofedwardsville.com