Volunteer Enrollment Form

Name: _____Date:_____

Volunteer Position: _____

D.O.B._____ Age: _____S.S. _____-_____-_____

School: _____Address:
_____

Employed: Y/N Employment: _____

Address: _____

Time & Day Availability:

M_____T_____W_____TH_____F_____SAT_____SUN_____
_

Give a description of why you feel you would fit for this volunteer position: (include any experience within the Entertainment Industry)

_____
_____
_____

Sign: _____Date: _____
By signing all statements are true above

If minor Name of Guardian/ Parent:
_____

Guardian / Parent Signature: _____Date: _____

**********DO NOT WRITE BELOW THIS LINE**********
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Program: _____ Start Date:__/__/____ Program Term: _____

Position Assigned: _____ Prospective Date of Completion: __/__/___
Supervisor Approval: _____ Director Approval:_____
Notes: _____

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