Volunteer Steward Application Form

Personal Details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Email Address |  | Preferred No.Please (tick) |
| 🕾 Home |  |  |
| 🕾 Mobile |  |  |

Emergency Contact Details

|  |  |
| --- | --- |
| Name |  |
| Phone Numbers(please supply two) |  |  |
| What is their relationship to you? |  |

Availability

Now and again we may call you to see if you are available to Steward last minute. This information will be used to help us do this more efficiently.

Are you happy for us to call you last minute for shows? *(Please circle)* **YES NO**

|  |  |
| --- | --- |
| Are there any days you are **never** available? |  |
| What are your preferred days/evenings to volunteer? *Please circle* | **Day** | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| **Eve** | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |

Up to how many shifts are you available on monthly basis?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |  | More than 3 |  |  |

Information

Where did you hear about volunteering at the LBT?

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Why do you want to become a volunteer Steward at the LBT?

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Have you ever volunteered before? Please give details of your previous or current voluntary commitments.

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If you consider yourself to have a medical condition or are taking any prescribed medicine that you feel the theatre should know about for Health and Safety reasons please give brief details below, for example Diabetes, Severe nut allergies etc.

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Please detail below or come and speak to me about anything that you think we may need to know or that may affect your ability to Steward.

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*This document is highly confidential. Information on this form will only be disclosed to a medical professional should you need medical assistance whilst on duty.*

Volunteer Agreement

**I can confirm that I am over the age of 18\* & I understand I will need to undertake training shifts. As soon as training has been completed I will be free to steward on my own, as much or as little as I want, so long as I steward once every 5 weeks.**

Signed:

Date:

*\*if aged 16 – 17 you will need to get your parent or guardian to fill out the consent section below.*

|  |
| --- |
| **As parent/guardian I give consent for the above named person to become a volunteer Steward at the LBT.** |
| Name |  |
| Signed |  | Dated: |  |
| Contact Number |  |