## **Friends of the Bing Volunteer Application**

APPLICANT INFORMATION			
Last Name	First	MI	
Date of Birth/			
Street Address			
City	State	Zip	
Call Diagram	Us was Physica		
Cell Phone	Home Phone		
Email Address			
Are you currently over the age of 18? Yes No			
Have you ever worked, or currently work for Friends of The Bing Crosby Theater?			
How did you learn about volunteering at the Bing Crosby Theater?			
PLEASE DESCRIBE WHY YOU W	OULD LIKE TO BE A VOLUNTE	EER WITH FRIENDS OF THE BING	

PLEASE SHARE TWO REFERENCES			
Name	Phone	Email	
Affiliation			
Name	Phone	Email	
Affiliation			
AUTHORIZATION AND AGREEMENT BY APPLICANT			
<ol> <li>I certify that the facts set for this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program</li> <li>I consent to having Friends of the Bing complete a criminal background check prior to volunteering</li> <li>I have read the volunteer handbook in its entirety. By signing below, I acknowledge that I understand the job description and what is expected of me as a volunteer</li> </ol>			
Name (printed)			
Signature		Date / /	

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify a person from participation. Have you ever been convicted of a felony? If yes,

**CRIMINAL HISTORY** 

explain.

You may sign up for volunteer shifts first-come first-serve basis on whentohelp.org.