

DCT Application Form

Name: _____

Address: _____ City/ST/Zip: _____

Phone: (H) _____ (C) _____ Email: _____

Emergency Contact Information: _____

Date of Birth: _____ Age: _____

School/Grade: _____ Employer/Occupation: _____

Special Skills: _____

Previous Volunteer experience: _____

What type of Volunteer Work are you interested in? _____

Why do you want to volunteer with DCT? (i.e., required school hours, work experience, etc.)
Please indicate a specific reason and explain:

(NOTE: DCT can not accept community service hours required for reasons of punishment by law.
We will do a security background check if necessary)

How did you hear about DCT?

When are you available for volunteer hours?

<u>Volunteer Ushers</u>	Fridays	6:30pm - 9:30pm	
	Saturdays	12:30pm – 3:30pm	3:30pm – 6:30pm
	Sundays	12:30pm – 3:30pm	3:30pm – 6:30pm

Office Work, weekdays (M-F) between 9:00am and 5:00pm _____

Miscellaneous Projects vary according to the project _____

Your signature: _____ Date: _____

Guardian signature: _____ Date: _____

(For teens under the age of 18)

PERSONAL REFERENCES

Please provide 2-3 references. These names should include people who know you well and are not related to you. (Teacher, family friend, employer, etc.)

Name: _____ Relationship: _____
Address: _____ City/ST/Zip: _____
Phone: (H) _____ (C) _____ Email: _____

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Please return via email to: wanda.roberson@dct.org
or Fax: 214-978-0118

For any questions or further information call Wanda Roberson at 214-978-0110 X169
Dallas Children's Theater, 5938 Skillman, Dallas TX 75231