



Barrow-Civic Theatre
 1223 Liberty Street, Franklin, PA
 (814) 437-3440
 barrowtheatre.com

Volunteer Application

Contact Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Do you check email regularly? _____

Do you have a valid driver's license? _____ Do you have your own vehicle? _____

Are you a member of Venango County Senior Volunteer Program (SVP)? _____

If yes, how many years? _____ If no, would you like information about SVP? _____

Areas of Interest (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> Stage Crew |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Set/Props Construction |
| <input type="checkbox"/> Bartending | <input type="checkbox"/> Fundraising/Soliciting | <input type="checkbox"/> Tech Crew (light/sound) |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Costuming |
| <input type="checkbox"/> Service Projects | <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Office Assistance |

Other: _____

Clearances

Do you have your Act 34* Pennsylvania Criminal History Clearance? _____

Do you have your Act 151* Pennsylvania Child Abuse Clearance? _____

Do you have your Act 114 FBI Clearance? _____

**All volunteers must submit copies of current Act 34 and 151 clearances before working with any child under the age of 18. All clearances must be dated within 5 years to be valid. To have clearances obtained through the Business Office, please provide:*

Maiden Name: _____ SS#: _____ DOB: _____

By signing below, you certify that all information provided on this form is correct.

Signature: _____

Date: _____