



VOLUNTEER APPLICATION

First, Middle, & Last Name _____ Date _____

Other Name/Alias _____ Birthday (incl. year) _____

Present Address _____ City & State _____ Zip _____

Years lived at Present Address _____

Previous Address _____ City & State _____ Zip _____

Years lived at Previous Address _____

Phone: _____ Home Cell Email _____

Driver License No. _____ State of DL ____ Social Security No.* _____

** This will only be used for background screening purposes and will not be shared elsewhere*

Emergency Contact _____ Relationship _____

Their Phone _____

AREAS OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> Kirby Science Discovery Center | <input type="checkbox"/> Performance Hall Usher |
| <input type="checkbox"/> Visual Arts Center | <input type="checkbox"/> Festivals and Events |
| <input type="checkbox"/> Field Trip Assistant | <input type="checkbox"/> Building Tour Guide |
| <input type="checkbox"/> DAPA Youth Theatre Productions | <input type="checkbox"/> "Street Team" Poster Delivery |
| <input type="checkbox"/> Coat Check | <input type="checkbox"/> Education |
| <input type="checkbox"/> SculptureWalk | <input type="checkbox"/> Miscellaneous |

When did you first engage with the Pavilion? _____

Describe your background as it relates to your potential involvement here: _____

What skills or passions would you like to apply to your volunteering? _____

What is your ideal volunteer experience? _____

EDUCATION AND EXPERIENCE

High School _____ College(s) _____

Major(s) _____ Currently a student

Employment history: _____

Retired

Volunteer experience: _____

How did you hear about us? Friend - Who? _____

Pavilion Website School Helpline Center Other _____

STATEMENT OF UNDERSTANDING

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that all of the information contained in the application is subject to verification by Washington Pavilion Management, Inc. I certify that I may be subject to a criminal record check.

I authorize the Washington Pavilion to photograph me while participating in Pavilion activities, which may be used for the promotion of Pavilion events and programs.

Believing that Washington Pavilion has need of my services as a volunteer, I agree:

- To perform my volunteer duties to the best of my ability.
- To hold as absolutely confidential all information about Washington Pavilion Management, Inc., its employees, volunteers, or donors. I will not use such information for my private use.
- To adhere to the rules and procedures outlined in the Washington Pavilion’s Volunteer Handbook
- To meet my commitments or to provide adequate notice so alternative arrangements can be made.

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Please return to Washington Pavilion Volunteer Services, 301 S Main Ave, Sioux Falls, SD 57104
Call 605-731-2375 or email: bcooper@washingtonpavilion.org with any questions.

**WASHINGTON PAVILION
MANAGEMENT, INC.**