

# FORD STUDENT VOLUNTEER APPLICATION FORM

Name:

Address:

City:

Zip:

Home Phone:

Cell:

Email Address:

Age:

School:

Are you volunteering for credits?

Have you been to the Ford before?

If bilingual, please specify languages

First Aid Training?

CPR Training?

Why are you interested in volunteering?

Have you volunteered before? Where?

Do you have experience with the arts? What kind?

What transportation do you have?

## **In case of an emergency please notify:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Thank you!

Please email this form to Volunteer Coordinator:

Bill Berry

Email: [wberry@arts.lacounty.gov](mailto:wberry@arts.lacounty.gov) Phone: (323) 769-2170 Fax: (323) 464-1158

John Anson Ford Theatres

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