



EVERGREEN CHILDREN'S THEATRE

The Aurora Valentinetti Puppet Museum

257 4th Street · Bremerton, WA 98337 · (360) 373-2992

APPLICATION FOR VOLUNTEER

DATE: _____

PERSONAL INFORMATION

Social Security No. _____

Name: _____
Last First MI

Present Address: _____
Street City State Zip

Phone Number: _____

Referred By: _____

Reason for Volunteering (Please Describe): _____

Have you volunteered here before? Yes _____ No _____ *If Yes, When? _____

FORMER EXPERIENCE

Date:	Name and Address of Agency	Phone Number
From: ----- To:		
From: ----- To:		
From: ----- To:		

REFERENCES

Name	Address	Phone Number

AUTHORIZATION:

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal.

Signature: _____ Date: _____