



# 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"/> Spotlight Theatre Company      | <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](mailto:bcooper@washingtonpavilion.org) with any questions.

**WASHINGTON PAVILION  
MANAGEMENT, INC.**