'VOLUNTEER'Application

	First Nam	e	Sı	ırname			
	Address_						
	Postcode						
	Home No: Mobile No: Work No: Email Address						
	Please indicate if you would like to be involved in the following areas.						
	Reception/Box Office			Cinema/Live Events			
	Coffee sh	op/Bar/Catering		Sound/Light/Projection			
	Other Are	as (please commen below)	ıt 📗	Building M	laintenance		
	Date of A	Date of Application//					
	Do you ha qualificati work or le	re has many volun ave any experience ons e.g Health and isure activities tha ecords please indic	e/qualifications d Safety, Food I t might be of a t	that would be Hygiene and F echnical or pi	nefit the Centre? A First Aid, please te	As well as formal	
Did you Know?	14-17	_ 18-29 30-	49 50-65 _	65+			
The Festival Drayton Centre has over 100 Volunteers!	Please tick if you are happy with the statement		details will only nanaging the vo ctivities as detai nt privacy notice	lunteer rota led in the	Date and Volun	iteer's Signature	
Our volunteer team give var days a week! How much tim	ying amount e would you	s of time to the Ce like to give to the	entre and their c Centre and whe	ommitment ca	an range from 2 ho	ours a week to 7	
Where/how did you hear at	oout the Volu	inteering opportun	ities at the Cent	re?			
Please post the completed f person to the Centre. Want	orm to Festi	val Drayton Centre e? Please call the	e, Frogmore Roa Box Office on 0	ad, Market Dr 1630 654444	ayton TF9 3AX or and ask for Roby	return the form in n/Jodie.	

We look forward to hearing from you!

Alternatively email your enquiries to: info@festivaldraytoncentre.com