

**Volunteer Application Form**

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| Name |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Date of birth |  |
| What days/times are you available? |  |
| What skills do you feel you can offer? |  |
| Areas of interest for volunteering at Plymouth Arts Cinema(eg usher, event steward, reviewing, marketing etc.) |  |
| Please provide us with one or two references we are able to contact (these do not have to be work references) |  |
| How did you become aware of our volunteering opportunities? |  |

Please return for the attention of Operations Manager Manon Le Tual (manon@plymouthartscinema.org) or hand in at Box Office.