**Travelling Light Theatre Company**

@ Barton Hill Settlement

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UK

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# Volunteer Expression of Interest Form

**PLEASE FILL IN ALL SECTIONS OF THIS FORM**

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| **CONTACT DETAILS** |
| **First Name(s)** | **Surname** |
| **Other names you may have been known by** | **Date of Birth** |
| **Present Address** | **Email** |
| **Mobile Number****Home Number** | **DBS number (if applicable)** **Date****Update Service no** |
| **EMERGENCY CONTACT DETAILS** |
| **Name****Relationship to you** | **Contact number** |
| **IF YOU ARE CURRENTLY IN EDUCATION…** |
| **Where are you studying?** | **Who is your main teacher?** |
| **Their contact details?** | **What are you studying?** |
| **IF YOU ARE WORKING…** |
| **Name of current employer** | **Their contact details** |
| **Your job title** | **Brief description of role** |
| **I am not currently in Employment, Education or Training □** |
| **ABOUT YOU** |
| **WHEN would you like to volunteer with Travelling Light?****WHY would you like to volunteer with Travelling Light?****Are there aspects of Travelling Light you are particularly interested in? (tick all that apply)**Regular weekly Youth Theatre groups:□ 4-6s (Weds 16.30-17.30) □ 7-10s (Thurs 16.15-17.30) □ 11-13s (Thurs 18.00-19.30) □ 14-19s (Weds 18.00-19.30)Regular weekly Youth Theatre groups for disabled young people:□ 7-15s (Mon 17.30-18.30) □ 16-25s (Weds 19.00-20.30)□ Work in schools/colleges (all ages)□ Supporting productions □ Costume/set design □ Script Writing □ Supporting Events e.g. Festivals □ Marketing □ All of the above |
| **Any other additional training of experience? E.g. First Aid** |  |
| **REFERENCES** |
| **REFEREE 1****Name****Contact** | **REFEREE 2****Name****Contact** |
| **I agree that all the above information is correct to the best of my knowledge** |
| **Signed****Date** | **Name (printed)** |

Thank you.

This information is strictly confidential and will not be available to third parties.

Would you like to sign up for our e-newsletter? If so, tick here [ ]