The Grand Oshkosh Volunteer Application

Thank you for your interest in Volunteering with The Grand Oshkosh!

Please fill out the below application, and return it to Leah Demski, Patron Services Manager either via email: leahd@thegrandoshkosh.org or drop it off at our Box Office located at: 100 High Ave. Oshkosh, WI 54901

First Name:	Last Name:		Birthdate:
Address:		City/State/Zip Code	:
Home Phone:		Cell Phone:	
Email Address:			
Emergency Contact First/Last Name:		Emergency Contact	t
Where have you volunteered before			
•			
How did you hear about volunteer	opportunities at T	he Grand?	
Expected length of commitment:			
Do you have any physical limitatio	ns?		
Do you have any time conflicts tha	t may affect your y	volunteering availab	ility?
	arreet year		.
Will ushering in the balcony be dif	ficult for you?		
			appropriately, what would you do?
ir you encountered a reliow volunt	eer who you ala n	ot ieei was dressed a	appropriately, what would you do:
If you encountered a patron who v	vas upset about th	e volume of the sou	nd system, what what you do?
Please list two references with cor	ntact information:		
1			
2			
Please check any and all of these r	oles that interest o	or apply to you:	
American Sign Language		Managing	□ Docent (Tour Guide)
Interpreter	□ Bulk M	~	□ Coat Check
□ Licensed Bartender	□ Box Of	ffice	Ushering Main Floor
Photographer	☐ Carpei	•	Ushering Upper Floor
□ Videographer		al Assistance	□ Ticket Taking
	-	uter Work	Student Discovery Series (Day time)
□ History		Setup/Support	☐ Group Bus Greeter
Fundraising	□ Decora	_	□ Concessions
□ Arts/Crafts	□ Poster	/Brochure Distributi	on

Notification and Authorization to Release Criminal Information for Volunteer Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of volunteering. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize The Grand Oshkosh, Inc. to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist The Grand Oshkosh, Inc. in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for The Grand Oshkosh volunteers, patrons, donors, employees, and other Foundation members.

Please print (for identification purposes):

Full Legal Name:

First Middle Last

Other Names You Have Used in Past Seven Years:

Current Address:

Previous Address (most recent):

Addresses in the 7 years prior to completing this authorization:

Phone Number:

Date of Birth:

Month/Day/Year

Social Security Number:

Driver's License #

State of Driver's License

against you?
*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.
Yes(provide detail at the bottom of page) No
To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with The Oshkosh Opera House Foundation. By signing below I hereby provide my authorization to The Oshkosh Opera House Foundation to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by The Oshkosh Opera House Foundation based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from The Oshkosh Opera House Foundation's receipt of such appeal.
Signature Date
Please either print/sign, or type your name in replacement of a physical signature.
If answered "yes" above, please provide details here: