

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 Phone Number:** _____

Where have you volunteered before? _____

How did you hear about volunteer opportunities at The Grand? _____

Expected length of commitment: _____

Do you have any physical limitations? _____

Do you have any time conflicts that may affect your volunteering availability? _____

Will ushering in the balcony be difficult for you? _____

If you encountered a fellow volunteer who you did not feel was dressed appropriately, what would you do?

If you encountered a patron who was upset about the volume of the sound system, what what you do?

Please list two references with contact information:

1. _____

2. _____

Please check any and all of these roles that interest or apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Sign Language Interpreter | <input type="checkbox"/> House Managing | <input type="checkbox"/> Docent (Tour Guide) |
| <input type="checkbox"/> Licensed Bartender | <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Coat Check |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Box Office | <input type="checkbox"/> Ushering Main Floor |
| <input type="checkbox"/> Videographer | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Ushering Upper Floor |
| | <input type="checkbox"/> Clerical Assistance | <input type="checkbox"/> Ticket Taking |
| <input type="checkbox"/> History | <input type="checkbox"/> Computer Work | <input type="checkbox"/> Student Discovery Series (Day time) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Event Setup/Support | <input type="checkbox"/> Group Bus Greeter |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Decorating | <input type="checkbox"/> Concessions |
| | <input type="checkbox"/> Poster/Brochure Distribution | |

Have you ever been convicted of a criminal *offense or have any pending criminal* charges 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

Please either print/sign, or type your name in replacement of a physical signature.

Date

If answered "yes" above, please provide details here: