



Volunteer Registration Form

Please complete this form clearly and return to the Front of House Supervisor.

Email: frontofhouse@watergatetheatre.com

Post/Deliver to: Front of House Supervisor, Watergate Theatre, Parliament Street, Kilkenny.

(All of the following information is kept secure and confidential.)

First Name: _____ **Surname:** _____

Mobile Number: _____

Do you agree to be added to the Watergate Volunteer WhatsApp group, in order to be notified of volunteering opportunities? Yes No *(If yes, please ensure you have the app on your phone.)*

Email: _____

Name of emergency contact: _____

Contact number: _____

Confidential disclosure

Do you have a medical condition or disability which we need to be aware of? Yes No

If yes, please give details: _____

Do you have any criminal convictions? Yes No

If yes, please give details: _____

References

Please give the details of two people (not relatives) who can provide a character reference for you. Please ensure you have sought their permission before giving their contact details.

Name:	Name:
Position:	Position:
Telephone number:	Telephone number:
Email:	Email:
Relationship:	Relationship:

I confirm that the information provided on this form is complete and true.

Signature: _____

Date: _____

For office use only:

Date received _____ Reference checked _____ Date started _____