



Volunteer Application Form

PERSONAL DETAILS

| | | | | |
|---|--|------------|----------|--|
| Surname | | First Name | Title | |
| Address | | | | |
| Town/City | | | Postcode | |
| Mobile No | | E-mail | | |
| <p>All Volunteers must be over 18 years of age. By ticking this box I confirm I am over 18 years of age <input checked="" type="checkbox"/></p> <p>Date of birth:</p> | | | | |

| | | | | | | | |
|---|-----------|----------|---------|-----------------|-------------|------------------|------------------------|
| How did you hear about volunteering for The Lantern Theatre? Please tick: | Instagram | Facebook | Bluesky | Lantern Website | ACT Student | Lantern Employee | Other (please specify) |
|---|-----------|----------|---------|-----------------|-------------|------------------|------------------------|

EMERGENCY CONTACTS

| | | | |
|----------------|--|--------------|--|
| Contact Name 1 | | Telephone no | |
| Relationship | | | |
| Contact Name 2 | | Telephone no | |
| Relationship | | | |

REFERENCES

Please give the names and addresses of two people who are willing to provide a confidential reference regarding your character and general suitability to volunteer with us:

| | | | |
|---------------------|--|---------------------|--|
| Name: | | Name: | |
| Occupation/Position | | Occupation/Position | |
| Address | | Address | |
| Telephone | | Telephone | |
| | | | |



Volunteer Application Form

ABOUT YOU

What attracts you to volunteering for The Lantern?

What do you expect to gain from volunteering with us?

SKILLS & EXPERIENCE

Please describe any previous training, skills or experience that may be relevant for our volunteer positions.

Feel free to also include any skills, knowledge or qualities that you feel may be applicable to your role by referring to the role description: *(use a separate sheet if necessary)*

AVAILABILITY

Our Fringe shows run from 2pm to midnight, spanning every day of the week. Although we will, of course, try to create weekly rotas that work for everyone, we are a small team and require as much flexibility from everyone as possible. Please **mark with an X** any days/times that you are **not** available. (note – these do not correspond to our shifts, which will vary in length from 2 – 5 hours depending on the day’s shows).

| Day | 1-3pm | 3-5pm | 5-7pm | 7-9pm | 9-11pm | 11-12am |
|-----------|-------|-------|-------|-------|--------|---------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |



Volunteer Application Form

DECLARATION

I understand that if I am accepted as a volunteer this in no circumstances constitutes any contractual employment agreement with The Lantern Theatre or ACT Brighton.

The Lantern Theatre is collecting your details because you wish to be or are a volunteer for us. We need your data to be able to contact you about your volunteer role. We take your privacy very seriously and promise to keep your information safe. We will not share your details with any other parties.

We'd like to keep in touch with you occasionally by email or phone to share how your support is making a difference to our theatre. When you tick the boxes below, we'll send you updates and make you aware of any further opportunities that are available to help us:

If you are happy to hear from us by **email**, please tick here.

If you are happy to hear from us by **phone call** please tick here

If you are happy to hear from us by **phone message** - including **SMS/messaging apps** such as What's App, which may be used for both communications and allocating shifts - please tick here

You can change your mind about your contact preferences at any time: just email us at info@lanterntheatrebrighton.co.uk, phone us on 01273 818266 or write to us at The Lantern Theatre, 77 St James's Street, Brighton BN2 1PA.

I give permission for The Lantern Theatre to contact the named referees on this form. Please ensure that you tell the referee contacts shared above that you have given us their contact details so that we can contact them should we require references for you. If they have any questions or queries regarding this, please direct them to contact us at the above details.

Signature:

Date:

Please return this form to
info@lanterntheatrebrighton.co.uk