

Volunteer Application
Wagner Noël Performing Arts Center

Physical Address: 1310 N FM 1788 Midland, TX 79707

Mailing Address: PO Box 60303 Midland, TX 79711

Phone# (432) 552-4430; Fax# (432) 552-4431

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

EMAIL: _____

Emergency Contact:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Have you volunteered for the Wagner Noël Performing Arts Center in the past?
_____ Yes _____ No

How did you hear about the Wagner Noël Performing Arts Center: _____

Why are you interested in volunteering at the Wagner Noël Performing Arts Center?

Please list any skills, education and/or experience relevant to this position:

Are you able to meet the following requirements?

- Willing to volunteer at least twice per month _____ Yes _____ No
- Stand for long periods of time (2+ hours) _____ Yes _____ No
- Lift & carry 10 lbs. _____ Yes _____ No
- Read tickets & navigate seating in dim lighting _____ Yes _____ No

- Understand & execute written/verbal directives Yes No
- Learn & utilize computerized ticket scanners Yes No
- Evening & weekend availability Yes No
- Adhere to professional dress requirements Yes No

Failure to Volunteer over the course of three months or without reason, you will be dropped from the Volunteer List.

Have you ever been convicted of or received a deferred sentence, judgment, or prosecution for a petty offense, misdemeanor traffic offense (excluding civil traffic infractions) or municipal juvenile for an offense that is public record? Yes No

If yes, please attach an explanation stating the offense(s)

I certify that the statements made in this application are true and complete. I authorize Wagner Noël to investigate all statements made as a part of this application and to secure any necessary information. This includes information from all prior employer, volunteer programs, references, academic institutions, law enforcement agencies, other persons, entities, and public records. I hereby release all such persons, entities, employers, volunteer programs, references, institutions, agencies and Wagner Noël from any and all liability arising from their giving or receiving said information.

I understand that any false or misleading statements as well as misrepresentations by omission made as part of my application, will be sufficient for rejection of my application or immediate discharge should one be discovered after I have started volunteer activities.

I understand Wagner Noël may terminate my volunteer status at-will at any time with or without cause or notice made effective by a member of management. I understand that I will not be paid or receive any other remuneration for my services as a volunteer with Wagner Noël Performing Arts Center.

I hereby acknowledge that I have read, understand, agree and initialed the preceding statements.

Signature: _____ Date: _____