

# Volunteer Usher Application

| APPLICANT INFORMATION                                |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| Last Name  | First                        | M.I.                        | Date  |
| Street Address                                       |                              |                             | Apartment/Unit #  |
| City   | State                        | Zip                         |   |
| Phone  | Email Address                |                             |   |
| Position   | Volunteer Usher Program      |                             | Birthday  |
| Are you a full time resident of the Fort Myers area? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Have you worked as an Usher in another Facility? (If yes, please list the facility under Previous Employment) |
|  |                              |                             | YES <input type="checkbox"/>  |
|  |                              |                             | NO <input type="checkbox"/>   |
| Are you a citizen of the United States?              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.?  |
|  |                              |                             | YES <input type="checkbox"/>  |
|  |                              |                             | NO <input type="checkbox"/>   |
| Have you ever been convicted of a felony?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

| PERSONAL REFERENCE |              |
|--------------------|--------------|
| Full Name          | Relationship |
| Company            | Phone ( )    |
| Address            |              |

| PREVIOUS EMPLOYMENT   |                     |
|---|---------------------|
| Company   | Phone ( )           |
| Address   | Supervisor          |
| Job Title   | Responsibilities    |
| From  | To                  |
|   | Reason for leaving? |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> |                     |
| NO <input type="checkbox"/>   |                     |
| Company   | Phone ( )           |
| Address   | Supervisor          |
| Job Title   | Responsibilities    |
| From  | To                  |
|   | Reason for leaving? |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> |                     |
| NO <input type="checkbox"/>   |                     |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |