



57 SOUTH KELLOGG STREET, GALESBURG, IL 61401  
WWW.GALESBURGORPHEUM.ORG • 309/342.2299

## VOLUNTEER INFORMATION FORM

date \_\_\_\_\_

NAME

last \_\_\_\_\_ first \_\_\_\_\_

NAME TO BE USED ON VOLUNTEER BADGE \_\_\_\_\_

ADDRESS

street \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

Have you volunteered at The Orpheum before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and how long? \_\_\_\_\_

If there are any medical or personal reasons why you cannot usher in certain areas of the theatre, please specify (i.e. cannot climb stairs): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteering experience (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT INFO

name \_\_\_\_\_ phone \_\_\_\_\_

relationship \_\_\_\_\_

REFERENCE INFO

name \_\_\_\_\_ phone \_\_\_\_\_

email \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM →**

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# THE VOLUNTEER HANDBOOK

Please sign and return below. This indicates your receipt and acknowledgement of the Orpheum Theatre Volunteer Handbook. If you have any questions about the handbook, please feel free to discuss them with The Orpheum Staff.

*My signature below indicates that I have received a copy of The Orpheum Theatre Volunteer Handbook. I agree to read the handbook and adhere to the policies and procedures established therein for the Orpheum Theatre Volunteer Program. I agree to take responsibility for the procedures and expectations outlined in the handbook and further understand that the handbook is subject to change at the sole discretion of the Orpheum Theatre.*

*It is further understood that as a volunteer I am representative of the Orpheum Theatre to the community and will act in accordance of such. I will not engage in any felonious activity or in any activity with individuals with intent to cause harm or damage to persons or property.*

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## IF UNDER THE AGE OF 18, ALSO COMPLETE BELOW:

*I understand that my son's/daughter's/child of whom I have guardianship's participation in volunteer activities at The Orpheum are done on a voluntary basis. I warrant that I will not hold the theatre, the theatre staff or the Knox County Civic Center Authority liable for any injury sustained by my son/daughter/child of whom I have guardianship while volunteering.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**WE LOOK FORWARD TO HAVING YOU ON OUR TEAM OF SPECTACULAR VOLUNTEERS! THANK YOU FOR YOUR INTEREST AND FOR YOUR FUTURE SERVICE!**

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