



**POPS Volunteer Application**

Welcome to the Forest City Pavilion On Park Square (POPS), where enjoyment is as much about atmosphere and environment as it is about entertainment. The Town of Forest City is looking for responsible and dedicated volunteers for our events at the brand-new park this summer! We are seeking eager, hardworking and passionate individuals to help contribute to the success of our events. Along with being an integral part of our events, each volunteer will receive a complimentary t-shirt to wear during their shifts as well as time to enjoy the events after their shifts.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Previous Work/Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AREA(S) OF INTEREST**

*Indicate preferences with 1 being your first choice and 4 being your last choice.*

\_\_\_\_ Food/Alcohol Service (must be at least 18)      \_\_\_\_ Gates  
\_\_\_\_ Security      \_\_\_\_ Ushers

Explain why you would like to volunteer at POPS.

Any additional comments:

**2019 POPS VOLUNTEER POLICIES**

*Please carefully review the following volunteer policies.*

- I am/will be at least 16 years old as of May 16, 2019.
- I understand that I am representing POPS and the Town of Forest City.
- My volunteer position does not grant backstage access or any additional access.
- I will complete my shift in a satisfactory way that includes: being on time for shifts, staying for the entirety of my assigned shift and respecting staff members, performers and event attendees.
- I understand that I must attend Volunteer Orientation on May 2, 2019 at 1PM OR 6PM.
- I understand that use of alcohol and/or controlled substances before or during a volunteer shift is strictly prohibited.

I certify that the information in this application to volunteer for the Town of Forest City is true and complete to the best of my knowledge. I understand that the Town of Forest City reserves the right to complete a background check on any volunteer. I understand that deliberate falsification or omission of this information will preclude me from serving as a volunteer.

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_