Text

Description automatically generated with low confidence

**Volunteer Application Form**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Date of birth |  |
| What days/times are you available? |  |
| What skills do you feel you can offer? |  |
| Areas of interest for volunteering at Plymouth Arts Cinema  (eg usher, event steward, reviewing, marketing etc.) |  |
| Please provide us with one or two references we are able to contact (these do not have to be work references) |  |
| How did you become aware of our volunteering opportunities? |  |

Please return for the attention of Operations Manager Manon Le Tual ([manon@plymouthartscinema.org](mailto:manon@plymouthartscinema.org)) or hand in at Box Office.