



## **VOLUNTEER PROGRAM APPLICATION**

2800 Cobb Galleria Parkway  
Atlanta, GA 30339  
Phone: 770-916-2828 Fax: 770-916-2820  
www.cobbenergycentre.com

### **Preferred Contact Information**

|                   |                      |       |                                 |              |                      |
|-------------------|----------------------|-------|---------------------------------|--------------|----------------------|
| First Name        | <input type="text"/> | M.I.  | <input type="text"/>            | Last Name    | <input type="text"/> |
| Street Address    | <input type="text"/> |       |                                 |              |                      |
| City              | <input type="text"/> | State | <input type="text" value="GA"/> | Zip:         | <input type="text"/> |
| Email             | <input type="text"/> |       |                                 | Phone Number | <input type="text"/> |
| Emergency Contact | <input type="text"/> |       |                                 | Phone Number | <input type="text"/> |

### **Interest and Skills**

#### **I am interested in volunteering as:**

- |  |                                       |   |                                     |
|--|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Usher           | <input type="checkbox"/> Tour Guide   | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Office     |
| <input type="checkbox"/> School Programs | <input type="checkbox"/> Group Leader | <input type="checkbox"/> Special Events   | <input type="checkbox"/> Info Table |

#### **I am skilled in and enjoy the following:**

- ☐ Computer Skills
- ☐ Design/Graphic Arts
- ☐ Foreign Language      Specifically
- ☐ Licensed CPR/First Aid
- ☐ Phone Skills
- ☐ Planning & Organization
- ☐ Public Speaking
- ☐ Sales
- ☐ Sign Language Interpreter

Other:

## Scheduling Information

The information below is for general reference. Specific schedules and timetables will be generated for various volunteer duties. Please only indicate, below, the times for which you will most usually be available.

I am available to volunteer:

| Sunday                             | Monday                             | Tuesday                            | Wednesday                          | Thursday                           | Friday                             | Saturday                           |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   |

I prefer or need to be scheduled at the same time as the following Cobb Energy Centre Volunteers:

Name:

Name:

### Certifications

Are you at least 16 years old? ☐ Yes ☐ No

Have you ever been convicted of a felony, pleaded *nolo contendere* (no contest) to a felony, or found guilty of a felony?" ☐ Yes ☐ No

If "yes," please provide details, including dates.

By entering your name below I certify that the information contained herein is accurate and correct. I understand that should any part of my application be found to be untrue I am subject to release from the Cobb Energy Centre volunteer program. My participation with the Cobb Energy Performing Arts Centre and the Cobb Energy Performing Arts Centre Foundation is strictly voluntary and I understand I will not be paid or otherwise compensated for my services as a volunteer. I understand that this document is an application for participation in the Cobb Energy Centre volunteer program and does not guarantee placement in a specific volunteer role. By signing below, I agree to abide by all rules and regulations of the Cobb Energy Performing Arts Centre and the Cobb Energy Performing Arts Centre Foundation and the Cobb Energy Centre volunteer program.

Signature

Date

By entering your name below, I grant permission for my child to volunteer in the Cobb Energy Centre's volunteer program and understand the policies and procedures of his/her participation.

Parent/Guardian Signature  
Required for volunteers 16-18 years of age

Date

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_  
Date Orientation: \_\_\_\_\_ Accepted? Y or N  
Confirmation Sent: \_\_\_\_\_