



## Volunteer Mentor Application Form

Read all details carefully. *Please complete all sections as clearly as possible. All details will be treated as strictly confidential and will be used to contact you about news, events and performances, training days and with resources for shows/your role.*

Name .....Date of Birth.....

Preferred name ..... Pronoun(s) used .....

Address .....

.....Postcode.....

Daytime Contact Number.....Emergency Contact Number.....

Email.....

Present Occupation.....

Organisation/Company name (if Relevant) ..... *Please indicate if you can contribute in any of these areas below and detail any skills that you feel are relevant:*

Artistic	
Skills/experience working with children and/or young people	
DBS check and number?  Are you first aid qualified?	
Have you any experience of Inclusive Practice in Education or the Arts?	

Other skills or experience that you feel are relevant	
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Please give the names and email addresses of two referees

**Ethnic Background**

*(This is for monitoring purposes only and may be submitted as a figure for funding with no name attached)*

*Please describe* \_\_\_\_\_

**Disability**

*(This is for monitoring purposes only and may be submitted as a figure for funding with no name attached)*

*I consider myself to have a disability YES/NO*

*If YES please describe* \_\_\_\_\_

Signature..... Date.....

Thank you!

Please return this form to Sally via email to [sally@thetheatreshed.co.uk](mailto:sally@thetheatreshed.co.uk)

Office mobile: 07368141400