The Fallbrook Mission Theater

Volunteer Pre-Interview Form

Thank you for your interest in volunteering with The Fallbrook Mission Theater! Please complete this form prior to your interview. This helps us learn about your interests, availability, and experience so we can find the best fit for you on our volunteer team.

1. Applicant Information

First Name

Last Name

Mailing Address

City

State

ZIP

Phone Number

Email Address

Date of Birth

Preferred Pronouns (optional)

1. Are you at least 18 years old? If under 18, a parent/guardian signature will be required below.

☐ Yes, 18 or older ☐ No, under 18

2. Emergency Contact

Emergency Contact Name

Relationship to You

Emergency Contact Phone

Emergency Contact Email

3. Availability

2. What days are you generally available to volunteer? (check all that apply)

☐ Monday

- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday

3. What time of day works best for you?

- [ ] Daytime / matinee
- [ ] Evenings
- [ ] Weekends only
- [ ] Flexible / varies

4. How often would you like to volunteer?

- [ ] Every event / as often as possible
- [ ] A few times a month
- [ ] Occasionally / special events only

5. Do you have any upcoming dates you already know you'll be unavailable?

4. Volunteer Interest & Experience

6. Which volunteer roles are you interested in? (check all that apply)

- [ ] Box office / ticket-taking
- [ ] Concessions / bar service
- [ ] House management / greeter & hospitality
- [ ] Event setup & teardown
- [ ] Marketing / social media / photography
- [ ] Other

7. Do you have any prior volunteer, theater, customer service, or hospitality experience? Please describe.

8. Do you have any special skills, certifications, or interests that could benefit the theater? (e.g. lighting/sound, carpentry, bartending/TIPS certification, graphic design, bookkeeping, CPR/First Aid)

9. What interests you most about volunteering at The Fallbrook Mission Theater?

5. Pre-Interview Questions

Please answer honestly — these questions help us place volunteers appropriately and safely.

10. Are you willing and able to serve alcohol responsibly if assigned to a bar/concessions role? (Required certification, if applicable, will be arranged by the theater.)

○ Yes ○ No

11. Are you able to stand, walk, and/or climb stairs for extended periods, and lift up to 25 lbs if needed for your role?

○ Yes ○ No

If you have any accommodation needs, please describe so we can support you:

12. Have you read and do you agree to follow the theater's volunteer code of conduct and dress code (to be provided at orientation)?

○ Yes ○ No

6. References

Please provide two personal or professional references (not family members).

Reference 1 Name **Relationship** **Phone Number**

Reference 2 Name **Relationship** **Phone Number**

7. How Did You Hear About Us?

- ☐ Friend or family referral
- ☐ Social media
- ☐ Theater website / newsletter
- ☐ Local news / publication
- ☐ Other

8. Acknowledgment & Signature

By signing below, I confirm that the information provided is accurate to the best of my knowledge, and I understand this form is used solely to prepare

Applicant Signature

Signature

Date

Parent/Guardian Signature (required if under 18)

Signature

Date

For office use only:

Interviewed By

Interview Date

Role Assigned

Orientation Date