

**VOLUNTEER USHER REGISTRATION**

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| FULL NAME: |  |
| PHYSICAL ADDRESS: |  |
| PHONE NUMBER: |  |
| EMAIL ADDRESS: |  |
| REFERRING ORGANISATION: |  |
| EMERGENCY CONTACT: |  |
| EMERGENCY CONTACT PHONE: |  |
| DATE OF SUBMISSION: |  |

I am applying to volunteer as an Usher at the War Memorial Theatre and/or Lawson Field Theatre. I understand that I will be expected to undergo Health & Safety inductions and training. I am physically fit and able to provide assistance in an emergency. I agree to take direction from Theatres staff to provide the best customer service to theatre patrons and keep them safe. I agree to a Police check if required.

**PLEASE RETURN COMPLETED FORM TO** **halls@gdc.govt.nz**

**or GDC CUSTOMER SERVICE, 15 FITZHERBERT STREET**